

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.

58-041301  
STATE FILE NUMBER  
11489  
Registrar's No.

FILED DEC 9 1958 Registration District No. 318 Primary Registration District No. 1003

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis                     |  | c. CITY OR TOWN St. Louis  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION St. John's Hospital |  | d. STREET ADDRESS 4910 West Pine   |  |
| Length of stay in lb 4 weeks   |  | (If outside, give location) Reside on For Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>        |  |

|   |                        |   |   |  |   |
|---|------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First Middle East<br>Marguerite Mary Blufston                              |                        |   | 4. DATE OF DEATH<br>Month Day Year<br>November 27th, 1958 |  |   |
| 5. SEX<br>F.  | 6. COLOR OR RACE<br>W. | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>March 17th, 1902                      | 9. AGE (In years last birthday)<br>56                            | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>House-wife         |                        | 10b. KIND OF BUSINESS OR INDUSTRY<br>at home  |   | 11. BIRTHPLACE (City and state or country)<br>St. Louis Missouri |   |
| 13. FATHER'S NAME<br>Andrew A. Henske   |                        |   | 14. MOTHER'S MAIDEN NAME<br>Theresa A. Klaren             |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)<br>no no |                        | 16. SOCIAL SECURITY NO.<br>no   |   | 17. INFORMANT Address<br>Martin M. Blufston 4910 West Pine Blvd. |   |

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Metastatic Carcinoma of both lungs.<br>DUE TO (b) Primary Carcinoma of breast (lt.)<br>DUE TO (c) 170X |  | INTERVAL BETWEEN ONSET AND DEATH<br>6 mos. Breast removed 2 yrs. ago                              |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|  |   |                              |  |
|--|---|------------------------------|--|
| 20a. ACCIDENT<br>No  | SUICIDE<br>No   | HOMICIDE<br>No               | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
| 20c. TIME OF INJURY<br>Hour a. m. p. m.<br>Month, Day, Year  |   |                              |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE   |

21. I attended the deceased from 10-31-58 to 11-27-58 and last saw her alive on 11-27-58  
Death occurred at 6.30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated

|   |                        |  |   |
|---|------------------------|--|---|
| 22a. SIGNATURE<br>John J. Hammond M.D.              | (Degree or title)      | 22b. ADDRESS<br>634 N. Grand                           | 22c. DATE SIGNED<br>11/28/58  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>burial | 23b. DATE<br>12-1-1958 | 23c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery | 23d. LOCATION (City, town, or county) (State)<br>St. Louis Missouri |

|  |                               |   |  |
|--|-------------------------------|---|--|
| 24. FUNERAL DIRECTOR<br>Arthur J. Donnelly | ADDRESS<br>3840 Lindell Blvd. | 25. DATE RECD. BY LOCAL REG.<br>NOV 29 58 | 26. REGISTRAR'S SIGNATURE<br>Earl Smith - M.D. |
|--|-------------------------------|---|--|

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Dr. John Hansen  
MS  
SEP 30 1959  
2 P.M.  
Therese B. Boly

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Francis William*.....

Licensed Embalmer No.....

P. O. Address..... 3840

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.