

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045660

STATE FILE NUMBER

FILED JAN 12 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 12033

300  
1-57

|  |                                  |   |   |  |   |
|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <i>St. Louis</i>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <i>AFFTON 4810</i>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <i>LUTHERAN HOSP</i>  |                                  | Length of stay in lb<br><i>DOA</i>  | d. STREET ADDRESS (If outside, give location)<br><i>8713 NEIER LANE</i>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                        |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <i>DOROTHY</i> Middle <i>ANNA</i> Last <i>FOUKE</i>  |                                  |   | 4. DATE OF DEATH<br>Month <i>DEC</i> Day <i>13</i> Year <i>1958</i>   |  |   |
| 5. SEX<br><i>FEMALE</i>  | 6. COLOR OR RACE<br><i>WHITE</i> | 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><i>JULY 26, 1898</i>  | 9. AGE (In years at birth)<br><i>60</i>                                | IF UNDER 1 YEAR<br>Months _____ Days _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>AT HOME</i>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><i>St. Louis, Mo.</i>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><i>USA</i>  |
| 13a. FATHER'S NAME<br><i>BERNARD BUETTMANN</i>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><i>NOT KNOWN</i>   |   | 14. NAME OF HUSBAND OR WIFE<br><i>WILLIAM</i>                          |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, or, if unknown) (If yes, give war or dates of service)<br><i>NO</i>  |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br>Address<br><i>WILLIAM FOUKE 8713 NEIER LANE</i>  |  |   |
| 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) <i>Coronary Thrombosis</i><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Myocardial Aneurysm</i><br>DUE TO (c) <i>420.1</i> |                                  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH  |
| 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 checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |   |
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year<br>a.m. _____ p.m. _____  |                                  |   |   |  |   |
| 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 _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |  |   |
| 22a. SIGNATURE<br><i>Patrick Taylor Connor</i> (Degree or title) <i>3</i>  |                                  |   | 22b. ADDRESS<br><i>1300 Clark</i>   |  | 22c. DATE SIGNED<br><i>12.15.58</i>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>BURIAL</i>   | 23b. DATE<br><i>12/16/1958</i>   | 23c. NAME OF CEMETERY OR CREMATORY<br><i>SS PETER &amp; PAUL CEM</i>  |   | 23d. LOCATION (City, town, or county) (State)<br><i>St. Louis, Mo.</i> |   |
| 24. FUNERAL DIRECTOR<br><i>J L ZIEGENHEIN &amp; SONS 7027 GRAVOIS</i>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><i>DEC 15 '58</i>   | 26. REGISTRAR'S SIGNATURE<br><i>Carl Smith MD</i><br><i>msb</i>        |   |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**STATEMENT BY LICENSED EMBALMER**

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

Student .....  
Signature of Student Embalmer

Signed *Donald E. Bing* .....

Licensed Embalmer No. *4863* .....

P. O. Address *7027* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.