

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010765
STATE FILE NUMBER
2 2686

FILED MAR 27 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

300
1-57

3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in 1b 2 weeks		d. STREET ADDRESS (If outside, give location) 3647 Wilmington	
3. NAME OF DECEASED (Type or print) First Lydia Middle E. Last Buettner			4. DATE OF DEATH Month March Day 15 Year 1959		
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 1 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 13, 1879	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Julius Meyer		13b. MOTHER'S MAIDEN NAME Augusta Meister	
14. NAME OF HUSBAND OR WIFE William P. Buettner		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. yes	
17. INFORMANT Address Mrs. Elsa Metcalf, 3662A Dover Pl., St. Louis		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the descending colon with multiple abdominal metastases.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH Approximately one year.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 March 1, 1958 to March 15, 1959 and last saw her alive on March 14, 1959 Death occurred at 3.50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE B. W. Kappel M. D. (Degree or title)		22b. ADDRESS 3701 Grandel Square St. Louis 8, Missouri		22c. DATE SIGNED 3-16-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-18-1959		23c. NAME OF CEMETERY OR CREMATORY New St. Marcus	
23d. LOCATION (City, town, or county) 7901 Gravois, St. Louis, Mo.		23e. (State)		24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY ADDRESS 6464 Chippewa St, St. Louis	
25. DATE RECD. BY LOCAL REG. MAR 17 '59		26. REGISTRAR'S SIGNATURE Neal Smith M.D.			

1700-1034

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 *B. C. Harrison*

Licensed Embalmer No. *4764*
P. O. Address: *St. Louis Mo*

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.