DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41593

Primary Registration District No.

Registrar's No. 10716

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH: 1003

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5202 Bancroft Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1

(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5202 Bancroft Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Catherine Bucher 260

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George J. Bucher

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec. (Month) 8th (Day) 1891 (Year)

8. AGE: Years 48 Months 0 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 6

FATHER
12. Name Unknown Moser 7
13. Birthplace (City, town, or county) Unknown (State or foreign country) 7

MOTHER
14. Maiden name Sophie Unknown 7
15. Birthplace (City, town, or county) Unknown (State or foreign country) 7

16. (a) Informant's own signature George J. Bucher

(b) Address 5202 Bancroft Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-39 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter&Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) DEC 15 1939 (Date received local registrar) (b) [illegible] (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13th year 1939 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 3.9.38, 19..., to 12.9.39, 19...; that I last saw her alive on 12.9.39, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hypertension	yrs

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wesley W. Hanford M.D. (M. D. or other)

Address 601 University Club Bldg Date signed 12-15-39

(Licensed Embalmer's Statement on Reverse Side)

W.W. Hanford
U Club Bldg.
Fe: 6088
3-6

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.