

S. No. 2
M-5-43
5-17-39
1 x3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42217

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10726**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Missouri Baptist Hospital**
(d) Length of stay: In hospital or institution **4 months**
In this community **4 months or days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jefferson**
(c) City or town **DeSoto**
(d) Street No. **510 Rollins St.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Myrtle C. Buster**
3. (b) If veteran, name war **--**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **14th** year **1946** hour **7** minute **00** A. M.

4. Sex **female** / 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Albert L.**
6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **April 4, 1884**

21. I hereby certify that I attended the deceased from **8-9-46** to **see 14** and that death occurred on the date and hour stated above.
Immediate cause of death **acute cardiac failure**
Duration **46**

8. AGE: Years **62** Months **8** Days **10**
If less than one day hr. min.

Due to **General Cerebrovascular Pathology and traction Hep**
Due to **Occurred in bed.**

9. Birthplace **DeSoto Missouri**

10. Usual occupation **housewife**

11. Industry or business

12. Name **John H. Hopson**

13. Birthplace **DeSoto Missouri**

14. Maiden name **Martha Ross**

15. Birthplace **DeSoto Missouri**

16. (a) Informant **Albert Buster**

(b) Address **510 Rollins St., DeSoto, Mo.**

17. (a) **burial** (b) Date thereof **Dec. 16, 1946**

(c) Place: burial or cremation **Woodlawn Cemetery DeSoto, Missouri**

18. (a) Signature of funeral director **W. H. C. ...**

(b) Address **3634 Gravois Ave., St. Louis, Mo.**

19. (a) **EC 15 1946** (b) **J. F. Bredbeck**

Other conditions **55**
Major findings: **Ca of heart failure Right Heart failure**
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence **No Injury**
(c) Where did injury occur? **No Injury**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **By Motor**

23. Signature **J. F. Bredbeck** (M. D. or other)
Address **445 No. ...** Date signed **12/14/46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

44032

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 Robert Wheeler

Licensed Embalmer No. 2178

P. O. Address Harris 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 this body is not embalmed, fact should be so stated above.