

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24363
Registrar's No. 5738

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 5738	
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, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) 23 TOWN St. Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marion Hospital			d. STREET ADDRESS (If rural, give location) 2315a Anne Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) Bucher c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 6/23/51		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Apr. 21, 1877	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown Waltke		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE ----		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. ---	
17. INFORMANT'S SIGNATURE OR NAME Albert H. Gross		ADDRESS --2315a Anne Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Diabetes Mellitus</i> INTERVAL BETWEEN ONSET AND DEATH <i>5 to 10 years</i> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES <i>Morbid condition of heart, giving rise to the above cause (a) stating the underlying condition.</i> DUE TO (b) --- DUE TO (c) --- 2. OTHER SIGNIFICANT CONDITIONS <i>Diabetic gangrene of middle toe</i> <i>Fracture left femur</i> 6 mos 10 days					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>June 18, 1951</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Patient - fell out of bed</i>	
22. I hereby certify that I attended the deceased from <i>June 18, 1951</i> , to <i>June 23, 1951</i> , that I last saw the deceased alive on <i>June 23, 1951</i> , and that death occurred at <i>12:45 pm.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>G. B. Fritschel MD</i>		23b. ADDRESS <i>3306 So 13th</i>		23c. DATE SIGNED <i>6-24-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>6/26/51</i>		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wacker-Heldler</i>		ADDRESS <i>3634 Gravois</i>	
DATE REC'D BY LOCAL REG. <i>JUN 26 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wacker-Heldler</i>	

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Robert C Wheeler

Signed
Student Embalmer

Licensed Embalmer No. 2128

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 this body is not embalmed, fact should be so stated above.