

No. 300  
10.48

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25763

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1445

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Bonhomme Twsp. c. LENGTH OF STAY (in this place) 45 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION Clarkson Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY St. Louis  
c. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Bonhomme Twsp. d. STREET ADDRESS (If rural, give location) Clarkson Rd.

3. NAME OF DECEASED (Type or Print)  
a. (First) Martha b. (Middle) M c. (Last) Buford 4. DATE OF DEATH (Month) (Day) (Year) JUNE 20 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Mar 1, 1874 9. AGE (In years) (last birthday) 80 IF UNDER 1 YEAR: Months 3 Days 19 IF UNDER 12 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George W. Preiss 13b. MOTHER'S MAIDEN NAME EVA WINPECKER 14. NAME OF HUSBAND OR WIFE Marshall N. Buford

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. none 17. INFORMANT'S SIGNATURE OR NAME Clarence Buford ADDRESS Mo. Rt 1 Chesterfield

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic Myocardial Failure  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
DUE TO (b) Chronic Nephritis  
DUE TO (c) Atherosclerosis General  
II. OTHER SIGNIFICANT CONDITIONS:  
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 4467

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from OCT 4 1952, to June 20, 1954, that I last saw the deceased alive on Jan 4, 1954, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry F. Scott M.D. 23b. ADDRESS Ballwin 23c. DATE SIGNED June 21 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 23 1954 24c. NAME OF CEMETERY OR CREMATORY St. John Ev. Cemetery 24d. LOCATION (City, town, or county) (State) Manchester Mo.

DATE REC'D BY LOCAL REG. 6-21-54 REGISTRAR'S SIGNATURE Herbert R. Dombi M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home Ballwin, Mo.

S (Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.