

FILED MAR 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6764

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 404

1. PLACE OF DEATH
a. COUNTY St. Louis,
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights, Mo c. LENGTH OF STAY (in this place) 0
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____
c. CITY OR TOWN St. Louis, d. Is Residence within limits of a city or incorporated town? Yes No

f. STREET ADDRESS (If rural, give location) 4961 McPherson 2129

3. NAME OF DECEASED a. (First) Lillie b. (Middle) Buck c. (Last) Avis 4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Nov. 11, 1871 9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. 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 At Home. 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles H. Buck 13b. MOTHER'S MAIDEN NAME Caroline Mittnach 14. NAME OF HUSBAND OR WIFE Harry C. Avis

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 ADDRESS Harry C. Avis, 4961 McPherson Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ruptured aortic aneurysm MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 day
* 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
Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 451X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Ruptured aortic aneurysm 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 2/9 1955, to 2/15 1955, that I last saw the deceased alive on 2/15 1955, and that death occurred at 6:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE J. J. Stoeckle (Degree or title) M.D. 23b. ADDRESS 1027 N. Adams Ave, Webster 23c. DATE SIGNED 2/16/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment 24b. DATE 2-17-55 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum 24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.

DATE REC'D BY LOCAL REG. 2-16-55 REGISTRAR'S SIGNATURE Herbert R. Donke M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagoner Mortuary, 4911 Washington.

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.....
Signature of Student Embalmer

Signed *John S. Renne*.....

Licensed Embalmer No. *419*.....

P. O. Address *St. Louis*.....

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.