

FILED NOV 15 1955

STANDARD CERTIFICATE OF DEATH

State File No. **34556**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9311**

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) ST. LOUIS Mo		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY HOSPITAL 2		STREET ADDRESS (If rural, give location) 5724 RHODES	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) OLIVIA	b. (Middle) BAMBACH	OCT. 23 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
WIDOW	WIDOW	WIDOW	OCT. 6 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri
13a. FATHER'S NAME JOHN SEUFERT		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE FRANK BAMBACH
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 OLIVER BAMBACH
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) diabetes mellitus DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Par grave rt. foot & leg.	
19a. DATE OF OPERATION 10/21/55		19b. MAJOR FINDINGS OF OPERATION Par grave rt. foot & leg. 26.0x	
21a. ACCIDENT, SUICIDE, HOMICIDE? (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office, etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 10/14/55 to 10/23/55 , that I last saw the deceased alive on 10/23/55 , and that death occurred at 8:50 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE W.T. Heun M.D.		23b. ADDRESS 5703 Oliveview	
23c. DATE SIGNED 10/24/55		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE OCT 26 1955		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION	
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Rutes	
DATE REC'D BY REG. LOCAL OCT 25 1955		REGISTRAR'S SIGNATURE J. Carl Smith mo	
ADDRESS 2906 Pearson		(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.....
Signature of Student Embalmer

Signed.....

Leo J. Dieder
Licensed Embalmer No. 39
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.