

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38068

FILED NOV 18 1955

State File No. ....

9920

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Louis</b>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>Saint Louis</b>	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4200 College Avenue, 7,</b>		e. STREET ADDRESS (If rural, give location) <b>10 4200 College Avenue, 7, 210%</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CARRIE</b>	b. (Middle) <b>OLIVE</b>	c. (Last) <b>BUCHFELDER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>November 13th, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 18th, 1878</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Henry Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Harter</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas M. Buchfelder</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Thomas M. Buchfelder, 4200 College Ave., 7,</b>	ADDRESS <b>4200 College Ave., 7,</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>encephalomalacia due to generalized arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>6 mo</b>
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Decubitus ulcers</b>		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>332x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <b>332x</b>
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22. I hereby certify that I attended the deceased from **Jan 1, 1954**, to **13 Nov, 1955**, that I last saw the deceased alive on **13 Nov, 1955**, and that death occurred at **9:30A m.**, from the causes and on the date stated above.

23. SIGNATURE <b>H. A. Desimer</b>	(Degree) (title) <b>MD</b>	23b. ADDRESS <b>6004 Flourissant</b>	23c. DATE SIGNED <b>11/14/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11/16/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>NOV 14 1955</b>	REGISTRAR'S SIGNATURE <b>Earl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ</b>	ADDRESS <b>4828 Natural Bridge Blvd., ST. Louis, 15, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

FILED  
FEB 11-7-1917  
110 IN CITY

**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 A. Mlinar*.....

Licensed Embalmer No. *418*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.