

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1956

318

1003

STATE FILE NUMBER

35817

8699

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hosp.</b> Length of stay in 1b _____				<b>2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)</b> a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b> c. CITY OR TOWN <b>Pevely</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <b>Box 341</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED (Type or print)</b> First <b>Myrtle</b> Middle <b>Bucher</b> Last _____			<b>4. DATE OF DEATH</b> Month <b>Sept.</b> Day <b>20</b> Year <b>1956</b>				
<b>5. SEX</b> <b>female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED</b> <input checked="" type="checkbox"/> <b>NEVER MARRIED</b> <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Oct. 15, 1892</b>	<b>9. AGE (In years last birthday)</b> <b>63</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____ Hours _____ Min. _____		
<b>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</b> <b>at home</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>housewife</b>		<b>11. BIRTHPLACE (City and state or country)</b> <b>St. Louis, Mo.</b>			
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>			<b>13. FATHER'S NAME</b> <b>Henry Zapf</b>				
<b>14. MOTHER'S MAIDEN NAME</b> <b>Emma Ward</b>			<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</b> <b>no none</b>				
<b>16. SOCIAL SECURITY NO.</b> <b>Unk</b>			<b>17. INFORMANT</b> <b>Wm. E. Bucher</b> Address <b>Box 341 Pevely, Mo.</b>				
<b>18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]</b> PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Carcinoma of ovary</b> DUE TO (c) <b>175X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____					<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>4 mo.</b> <b>6 mo.</b>		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>			<b>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)</b>				
<b>20c. TIME OF INJURY</b> Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			<b>20d. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
<b>20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)</b>		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b> _____ <b>STATE</b> _____			
<b>21. I attended the deceased from <u>6/9/56</u>, to <u>9/20/56</u> and last saw her/him alive on <u>9/20/56</u>.                  Death occurred at <u>9:10am</u> m on the date stated above; and to the best of my knowledge, from the causes stated.             </b>							
<b>22a. SIGNATURE (Degree or title):</b> <b>Edward W. G. G. G. M.D.</b>				<b>22b. ADDRESS</b> <b>3701 Cranford Sq</b>			
<b>22c. DATE SIGNED</b> <b>9/20/56</b>							
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>burial</b>		<b>23b. DATE</b> <b>9-22-56</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>SS Peter &amp; Paul</b>			
<b>23d. LOCATION (City, town, or county) (State)</b> <b>St. Louis, Mo.</b>							
<b>24. FUNERAL DIRECTOR, ADDRESS</b> <b>Southern Funeral Home</b> <b>6322 S. Grand Blvd., St. Louis, Mo.</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>SEP 20 1956</b>				
<b>26. REGISTRAR'S SIGNATURE</b> <b>Paul Smith M.D.</b>							

DR EDW. CZEBRINSKI  
3701 GRANDEL SQ.  
1 to 4 P.M.

---

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..... David Lee Fossan

Licensed Embalmer No. 42

P. O. Address St. Louis

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