

FILED FEB 26 1957

STANDARD CERTIFICATE OF DEATH

State File No. ....

318

1003

1514

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

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) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Anthony's Hospital**

e. STREET ADDRESS (If rural, give location) **5643 Leona Ave**

3. NAME OF DECEASED  
a. (First) **HIPOLITE**  
b. (Middle) **GOTTLIEB**  
c. (Last) **BUCHHOLZ**

4. DATE OF DEATH (Month) (Day) (Year) **2-12-1957**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **12-20-1894**

9. AGE (In years last birthday) **62**

IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman-Real Estate**

10b. KIND OF BUSINESS OR INDUSTRY **Lee-Schermann**

11. BIRTHPLACE (City and State or Foreign Country) **Poland**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Gottlieb Buchholz**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Mary Buchholz**

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. **491-12-8895**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mary Buchholz 5643 Leona 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) **Carcinoma Pancreas**

INTERVAL BETWEEN ONSET AND DEATH **1 year**

\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **Phlebotrombosis femoral.**

**1 month**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **157x**

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) 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 **1-5**, 19**57**, to **2-12**, 19**57**, that I last saw the deceased alive on **2-12**, 19**57**, and that death occurred at **10:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Eugene H. Edelle M.D.**

23b. ADDRESS **4971 Chippewa St.**

23c. DATE SIGNED **2-13-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **2-15-1957**

24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park**

24d. LOCATION (City, town, or county) (State) **10160 Gravois Road Mo**

DATE REC'D BY LOCAL REG. **FEB 14 '57**

REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Bieganheim Bros 6409 Gravois Ave**

FL 2-3770 12 till 3 10-48 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ST 5-2110

Missouri  
 St. Louis  
 St. Mary's Hospital  
 5-15-1931  
 RICHMOND  
 15-28-1934  
 Married  
 White  
 Male  
 U.S.A.  
 Police  
 Police-Health  
 Gettler Brothers  
 Unknown  
 Police-Health  
 401-15-2222  
 No

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..... *Lawrence M. Seymour*  
 Licensed Embalmer No. 4343  
 P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
 If this body is not embalmed, fact should be so stated above.

6000 Grand Ave