

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41623  
State File No. \_\_\_\_\_

FILED DEC 2 - 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 269

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES</u>		c. CITY OR TOWN <u>FERGUSON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 YRS.</u>		e. STREET ADDRESS (If rural, give location) <u>501 CARSON RD.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EV. EMMAUS HOME</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROSE</u>	b. (Middle) <u>E.</u>	c. (Last) <u>BUCKSAHT.</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Nov. 19 1957</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>OCT. 27. 1887</u>	9. AGE (In years last birthday) <u>70</u>	0 <u>0</u>	Days <u>23</u>	10. UNDER 1 YEAR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PRIVATE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>FRANK BUCKSAHT</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ALBERT BUCKSAHT.</u>	ADDRESS <u>EAST ST. LOUIS 144.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <u>491X</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hematemesis - unknown cause mental deficiency</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 17, 1957 to Nov 19, 1957, that I last saw the deceased alive on Nov 17, 1957, and that death occurred at 12:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William D. Poyner MD</u>	23b. ADDRESS <u>St. Charles Mo</u>	23c. DATE SIGNED <u>Nov 20-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-23-'57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BETHANY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 20-57</u>	REGISTRAR'S SIGNATURE <u>Marceline Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson</u>	ADDRESS <u>East St. Louis 144.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEC 9 1957

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 Maher*.....  
Licensed Embalmer No. 29-829  
P. O. Address *E. St. Louis 1*.....

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.