

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45671
STATE FILE NUMBER
REGISTRAR'S No. 12255

FILED DEC 30 1957

Registration District No. 318 Primary Registration District No. 1003

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5947 Coronada		Length of stay in 1b 3 yrs	d. STREET ADDRESS (If outside, give location) 5947 Coronada Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William H. Bumstead			4. DATE OF DEATH Month Day Year Dec. 19 1957
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 26, 1865
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor - Retired		10b. KIND OF BUSINESS OR INDUSTRY Dry Goods	9. AGE (In years last birthday) 92 F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Blossburg, Pennsylvania		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Elizabeth Brown	14. NAME OF HUSBAND OR WIFE Mrs. Conrad
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 Address Mrs. Conrad (Ordell) Paulus 5947 Coronada
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL FAILURE cerebro vascular embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CEREBRO-VASCULAR EMBOLISM arteriosclerosis DUE TO (c) ARTERIO SCLEROSIS			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 332X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1956 to TIME OF DEATH and last saw her alive on DEC 17 1957 Death occurred at 8:15 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. W. Jackson (Degree or title) D.O. 2		22b. ADDRESS 3546 Gravois	22c. DATE SIGNED 12-20-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 23, 1957	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	23d. LOCATION (City, town, or county) (State) 10100 Gravois ave.
24. FUNERAL DIRECTOR ADDRESS C. Holmeister Colonial Mortuary 6464 Chippewa St.		25. DATE RECD. BY LOCAL REG. DEC 20 57	26. REGISTRAR'S SIGNATURE J. C. Smith MD mjb

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Richard Erickson
3 25 46

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 *Linus C. Hoffmeier*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.