

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-011422
State File No.

1003 Registrar's No. 2769

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis			c. CITY OR TOWN St. Louis		b. COUNTY
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Alexian Brothers			e. STREET ADDRESS (If rural, give location) 2247 S 2714 Utah St		
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)	
JOSEPH		RUDOLPH		c. (Last)	
BUMBACHER		4. DATE OF DEATH		(Month) (Day) (Year)	
Male		White		3-7-1958	
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
Male		White		Single	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
Chauffeur Retired		St. Louis FUNERAL DIRECTION Ziegenhein Bros		Missouri	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
Joseph Bumbacher Sr		Bertha Hoffman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
W.V.#1		489-01-9718		Bertha Bumbacher	
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, athermia, etc. It means the disease, injury, or complication which caused death. caused by affluant 4/9/58		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
		Hypertensive Arteriosclerosis Heart Disease		5-6 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		2-3 years	
		DUE TO (b)			
		nephrosclerosis			
		DUE TO (c)			
		442x			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
		Pulmonary Emphysema & Left Ventricular Cardiac Hypertrophy			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
none		none			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/13 , 19 54 , to 3/7 , 19 58 , that I last saw the deceased alive on 3/4 , 19 58 , and that death occurred at 8:40 AM from the causes and on the date stated above.					
23a. SIGNATURE			23b. ADDRESS		23c. DATE SIGNED
McKand H. Hilbert M.D.			2905 Cherokee - St Louis Mo		3/7/58
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
Removal		3-7-1958		Sunset Burial Park	
				24d. LOCATION (City, town, or county) (State)	
				10160 Gravois Road Mo	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR'S SIGNATURE	
MAR 8 58		J. Earl Smith M.D.		Ziegenhein Bros	
				ADDRESS	
				6409 Gravois Ave	

(Licensed Embalmer's Statement on Reverse Side)

No. 300

10.48

PR 1-2485 12 to 4

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

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 *Juan M. Sison*

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.