

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

88-019537

STATE FILE NUMBER

FILED JUN 13 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's

5922

S. 300
St. 7
5301 Chippewa
St. 2
FI 2-2454
11-1111 2

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
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	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in 1b 0		d. STREET ADDRESS (If outside, give location) 5262 Potomac St	
3. NAME OF DECEASED (Type or print)		First EDWARD		Last BUBACK	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH 10-18-1895		9. AGE (In years last birthday) 62		10. DATE OF DEATH 6-6-1958	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tuck Pointer		10b. KIND OF BUSINESS OR INDUSTRY Western W.P.Co		11. BIRTHPLACE (City and state or country) St. Louis Mo ()	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Buback		13b. MOTHER'S MAIDEN NAME Christina Freuh	
14. NAME OF HUSBAND OR WIFE Kather Buback		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. 337-18-0957	
17. INFORMANT Kather Buback		Address 5262vPotomac St		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. INTERVAL BETWEEN ONSET AND DEATH 2 days		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 4201		COUNTY _____ STATE _____	
21. I attended the deceased from Death occurred at 6:10 AM 6/2/58 to 6/2/58 and last saw her alive on 6/2/58 on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Robert Pauline M.D. (Degree or title)		22b. ADDRESS 520 Chippewa	
22c. DATE SIGNED 6/9/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-9-1958	
23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		23d. LOCATION (City, town, or county) 7901 Gravois Ave		24. FUNERAL DIRECTOR Ziegenfuss Bros ADDRESS 6409 Gravois Ave	
25. DATE RECD. BY LOCAL REG. JUN 9 '58		26. REGISTRAR'S SIGNATURE J. Earl Smith M.D.		(Licensed Embalmer's Statement on Reverse Side)	

MEDICAL CERTIFICATION

B.P.

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 *Law M. Sizemore*

Licensed Embalmer No. 4343

P. O. Address St. Louis, Missouri

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.

MISSOURI
EMBALMERS
ASSOCIATION