

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045470

STATE FILE NUMBER

FILED JAN 6 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's

12059

300
-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Chronic Hosp.</i>		Length of stay in lb <i>10mo. 3 days</i>	d. STREET ADDRESS (If outside, give location) <i>3806 Cordes Dr.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Amanda Buck</i>			4. DATE OF DEATH Month Day Year <i>12-14-58</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 5, 1884</i>	9. AGE (In years last birthday) <i>74</i>	IF UNDER 1 YEAR Months Days Hours Min. <i>8 9</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Joseph</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Farley</i>		14. NAME OF HUSBAND OR WIFE <i>Montrose Buck</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Benjamin Buck</i> Address <i>3806 Cordes Drive</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i>					INTERVAL BETWEEN ONSET AND DEATH <i>10 mo.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <i>420.0</i>
DUE TO (c) <i>Generalized Arteriosclerosis</i>					<i>10 mo.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.					
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 <i>Feb. 10, 1958</i> to <i>Dec. 14, 1958</i>			I last saw her/him alive on <i>Dec. 14, 1958</i>		
Death occurred at <i>7:00 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John W. Beckham, M.D.</i>		(Degree or title)	22b. ADDRESS <i>5800 Arsenal</i>		22c. DATE SIGNED <i>12/15/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>12-17-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Jefferson Barracks, Mo.</i>	
24. FUNERAL DIRECTOR <i>Hoffmeister Mortuary</i>		ADDRESS <i>7814 So Broadway St. Louis, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 15 '58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Paul C. Branson*

Licensed Embalmer No. *4764*

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.