

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003947
State File No.

FILED FEB 11 1959

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 218

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</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) <u>Bellefontaine Heights</u> | c. LENGTH OF STAY (in hospital) <u>3 yrs 7 mos</u> | c. CITY OR TOWN <u>Bellefontaine Heights</u> <u>4000</u> | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Training School</u> | | e. STREET ADDRESS (If rural, give location) <u>10695 Bellefontaine Road</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u> b. (Middle) <u>—</u> c. (Last) <u>BUESCHEL</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 20 1959</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | 8. DATE OF BIRTH <u>Sept. 1 1915</u> |
| 9. AGE (In years last birthday) <u>43</u> | | IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u> | IF UNDER 24 HRS. Hours <u>1</u> Min. <u>10</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | |

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| 13a. FATHER'S NAME <u>unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>SUSAN BUESCHEL</u> | 14. NAME OF HUSBAND OR WIFE <u>✓</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u> | 16. SOCIAL SECURITY NO. <u>✓</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Records of St. Louis State F School</u> ADDRESS <u>10695 Bellefontaine Rd</u> |

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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis, Cachexia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the breast</u> | | <u>1 1/2 yrs</u> |
| | DUE TO (c) <u>170X</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Spastic Paraplegia, Mental Deficiency</u> | | <u>since birth</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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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) (Minute) | 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 Dec 17 1958, to Jan 20 1959, that I last saw the deceased alive on JAN 19 1959, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Edward P. Murphy</u> (Degree or title) <u>M.D. c</u> | 23b. ADDRESS <u>10695 Bellefontaine Road</u> | 23c. DATE SIGNED |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-23-59</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>1-23 59</u> | REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington, Blvd.</u> |
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.