

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016240

State File No.

FILED MAY 8 1959

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1249

1. PLACE OF DEATH -- a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town) NORMANDY	c. LENGTH OF STAY (In this place) 163 days	c. CITY OR TOWN JENNINGS. 4148	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION NORMANDY OSTEO PATHIC		e. STREET ADDRESS (If rural, give location) 5301 WIL BORN	

3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE b. (Middle) MARGARET c. (Last) deBUCHON	4. DATE OF DEATH (Month) (Day) (Year) MAY 5 1959					
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH (last birthday) APRIL 21ST 1907	9. AGE (In years) 52 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POWER MACHINE OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A			

13a. FATHER'S NAME FRANK DIETZ	13b. MOTHER'S MAIDEN NAME BLAKE	14. NAME OF HUSBAND OR WIFE ELLIOTT
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. 492-03-6529	17. INFORMANT'S SIGNATURE OR NAME Charles Dietz ADDRESS 1609 Tompkins St. St. Louis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) EPIDERMOID METASTASIS OF KIDNEY ORIGIN 2 MO		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES (b) GENERALIZED METASTATIC EPIDERMOID CA. 14 years		
	DUE TO (c) EPIDERMOID CARCINOMA OF CERVIX. 5		
	II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 **5-20** 19**58**, to **5-5**, 19**59**, that I last saw the deceased alive on **5-5**, 19**59**, and that death occurred at **4:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Herley (Degree or title) D.O.	23b. ADDRESS 6623 Lullwater St. St. Louis	23c. DATE SIGNED 5-5-59	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5/8/59	24c. NAME OF CEMETERY OR CREMATORY ST. FERDINAND CEMETERY	24d. LOCATION (City, town, or county) (State) FLORISSANT, MISSOURI
DATE REC'D BY LOCAL REG. 5-5-59	REGISTRAR'S SIGNATURE John C. Murphy	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ ADDRESS 4828 NAT'L BRIDGE BLVD.	

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..... *Ralph E. Linders*

Licensed Embalmer No. *4278*

P. O. Address *St. Louis*

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.