

S. No. 2  
M-5-43  
5-17-39  
I X36671

FILED JUL 8 1946

Registration District No. 317

Primary Registration District No. 3064

Registrar's No. 1389

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ferguson  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 50 Marguaretta Ave Ferguson Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1954a Clara Ave  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gesina Anna Bucher

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry J Bucher

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 1 17 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 5 10 hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William Backer

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Meyer

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry J. Bucher

(b) Address 1954a Clara Ave

17. (a) Burial (b) Date thereof 7-1-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave.

19. (a) 7-1-46 (b) E. N. McSweeney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 27  
year 1946 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 15, 1946, to June 27, 1946  
that I last saw her alive on June 27, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver (metastatic?)

Due to Primary site unknown 46-f

Other conditions Gastric hemorrhage terminal

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

Signature Joseph D. Judy (M. D. or other) MD

Address 9411 Pleasantburg Date signed 28 June 46

Duration Mo?

hrs? \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

20218

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Maie A. Cashim  
Licensed Embalmer No. 3949  
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 this body is not embalmed, fact should be so stated above.**