

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32725

1. PLACE OF DEATH

County Registration District No. **701**
 Township **St. Louis** Primary Registration District No. **10703**
 City **St. Louis** (No. **5476**) **4 Kings Highway Blvd.** (S. Ward)

File No. **9586**
 Registrar No. **3**

2. FULL NAME

(a) Residence, No. **5476** **4 Kings Highway Blvd.** Ward. **7** (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **August Buecks**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 19, 1857**
 7. AGE YEARS **74** MONTHS **3** DAYS **29** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At Home**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

MOTHER 13. NAME **Bismann**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Hot Kozowy**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Miss Edna Buecks** (ADDRESS) **5476 4 Kings Highway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's Cemetery** DATE **Sept. 14, 1931**

19. UNDERTAKER **Walter Hermann** (ADDRESS) **316 East Fairbank**

20. FILED **51 13 1931** **Walter Hermann** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 10, 1931**
 22. I HEREBY CERTIFY, That I attended deceased from **Sept. 1, 1931** to **Sept. 10, 1931**
 I last saw him alive on **Sept. 10, 1931** Death is said to have occurred on the date stated above, at **8:30 p.m.**

The principal cause of death and related causes of importance were as follows:
Hemorrhage in stomach Date of onset **9/4/31**
Suffocation **46**
46 **95**
119
 Other contributory causes of importance:
carcinoma of stomach with metastasis in lungs ✓

Name of operation: Date of operation:
 What test confirmed diagnosis? **Typical E. coli** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **None**
 (Signed) **W. M. Olvaine**, M. D.
 (Address) **4356 Horn**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

