

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.

OCT 4 1937

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

Do not use this space.

32968

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003
Alexian Bros. Hosp

File No.
Registered No. 9022
St. Ward)

2. FULL NAME

Hugo Buchheit
149 W. Etta

(a) Residence, No. St., N.R. Ward. Rosenburg, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12, 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>2</u>	<u>62</u>	<u>7</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laboror

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed

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) Missouri

13. NAME Joseph Bucheit

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Theresa Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Catherine Bucheit
(ADDRESS) St. Louis, Co.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE Sept 28/37

19. UNDERTAKER Fendler Und. Co.
(ADDRESS) 7420 Michigan Ave

20. FILED SEP 21 1937 J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1937

22. I HEREBY CERTIFY that I attended deceased from Sept 27 1937 to Sept 27 1937. I last saw him alive on Sept 27 1937. Death is said to have occurred on the date stated above, at 7:58 P.M. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Sept 27

95 B-2

Other contributory causes of importance: Septicemic Disease 1936
Arterio-sclerosis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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?.....
If so, specify.....

(Signed) E. J. Rudy, M. D.
(Address) Alexian Bros

OCCUPATION 24399

I the undersigned certify that I have embalmed the body of, Hugo Bucheit
for the Fendler Und. Co., 7420 Michigan Ave.

#2679 Harry J. Schumacher