DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27258

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6758

Date SEP 14 1939

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nil 2129 E. Fair (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Nil (Specify whether years, months or days)

In this community 44yrs 9mo 29days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 2129 East Fair Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth M. Buechler 246

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Alfred D. Buechler

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct. 2, 1894 (Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife 0

11. Industry or business 6

FATHER
12. Name Joseph Nies
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 0

MOTHER
14. Maiden name Barbara Brand
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Alfred D. Buechler

(b) Address 2129 E Fair Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quedmeyer & Sons

(b) Address 3934 N. 20 St.

19. (a) (Date received local registrar) AUG 2 1939 (b) J. D. Buchek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1939 hour 10 minute 35 PM.

21. I hereby certify that I attended the deceased from April 15, 1939, to Aug 1, 1939 that I last saw her alive on Aug 1 1939, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of Mesentery - Lung & Ascites of Abdomen & Lung

Due to Sarcoma of Mesentery Lung & Lymphatic glands

Due to Primary seat Mesentery

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Sarcoma of Mesentery

Of autopsy 46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Sean A. Mountjoy (M. D. or other)

Address 4032 West Florissant Ave Date signed 8/2/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 3-17-39 I X19511

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 Geo. P. Schubert, Registered Apprentice No. ....., working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 7212

P. O. Address 5118 N. Kingshighway

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, above space should be left blank.