

791
1003
REGD SEP 14 1939

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5300 Arlington Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community None
years, months or days

3. (a) PRINT FULL NAME Charles H. Buys
3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-12-8662

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Buys 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased April 21 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>3</u>	<u>21</u>	hr. _____ min.

9. Birthplace Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Engineer

11. Industry or business Retired

MOTHER FATHER
12. Name William Buys
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Myra Dye
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Buys

(b) Address San Dimas California

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

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) AUG 15 1939 (Date received local registrar) (b) J. B. Brudick (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County _____
(c) City or town San Dimas
(If outside city or town limits, write "RURAL") NR
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
year 1939 hour 1:23 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage (Aponlexy)
Contrib: Chronic Emphysema;
Due to (See Tuberculosis)

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Joseph M. ...
Address Deputy Coroner

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

Rev. 5-17-39

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.

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.....

Thomas J. Switzer

Licensed Embalmer No.

2245

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, above space should be left blank.