

1937 OCT 12 1937

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

32073  
Do not use this space.

1. PLACE OF DEATH *Cape Girardeau*  
 (a) County *St. Francis Hospital* Registration District No. *125*  
 (b) Township Primary Registration District No. *3009* Registered No. *321*  
 (c) City *Cape Girardeau* (d) Street No. *St. Francis Hospital* St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *William Lawrence Buche*  
 (a) Residence, No. \_\_\_\_\_ St.  *Fossfelt Mo.*  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Child*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Child*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *February 27, 1939*  
 7. AGE YEARS MONTHS DAYS *0 6 19* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as 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) *Cape Girardeau Mo.*  
 FATHER 13. NAME *L. M. Buche*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cape Girardeau Missouri*  
 MOTHER 15. MAIDEN NAME *Ellen Brennecke*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kelso Missouri*  
 17. INFORMANT (ADDRESS) *L. M. Buche Fossfelt, Missouri*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Cape Girardeau, Mo. Memorial Park* DATE *Sept 17, 1939*  
 19. FUNERAL DIRECTOR (ADDRESS) *Bisplinghoff and Hallard St. Louis, Mo.*  
 20. FILED *9-16-39* *M. Thompson* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-16-39*  
 22. I HEREBY CERTIFY, That I attended deceased from *Feb 27, 1939* to *Sept 16, 1939*  
 I last saw him alive on *Sept 15, 1939* Death is said to have occurred on the date stated above, at *130a*  
 The principal cause of death and related causes of importance were as follows:  
*Hydrocephaly. Birth Spina Bifida*  
*157a*  
 Other contributory causes of importance *Dehydration*  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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) *W. H. Ashley* M. D.  
 (Address) *Cape Girardeau Mo.*

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

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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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Marnie Beplinghoff, Licensed Embalmer No. 3242

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Marnie Beplinghoff  
Licensed Embalmer No. 3242

**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.)**