

JAN 2 1940 791

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 10770

1. PLACE OF DEATH: ICUS JAN 2 1939
 (a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution Carroll A. C. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 52 years (Specify whether years, months or days)
 In this community _____

3. (a) PRINT FULL NAME Fred G. Buchholz 242
 3. (b) If veteran, name war NO
 3. (c) Social Security No. 489-25-197X

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louise Latzel Buchholz
 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased December 29th, 1886
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>52</u>	<u>11</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Tavern

12. Name Blasus Buchholz

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Barbara Adress
 (City, town, or county) (State or foreign country)

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louise Buchholz

(b) Address 3443 Alberta Str.

17. (a) Burial (b) Date thereof Dec. 20th, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director Henry L. Weidmuller

(b) Address 6203 Gravois Ave.

19. (a) DEC 18 1939 (b) J. F. [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 1
 (c) City or town St. Louis 16
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3443 Alberta Str.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17
 year 1939 hour _____ minute 10 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death External and Internal Hemorrhage from shot gun wound

of abdomen self inflicted in garage

Other conditions: in rear of his house
 (Include pregnancy within 3 months of death)

Major findings: 3443 Alberta
 operations: Dec 17-1930 about 4:00

Of autopsy Suicide

PHYSICIAN
 I declare the cause of which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 12/17/39

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place?
Garage in home

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

28. Signature [Signature] (M. D. or other) 4

Address [Signature] Date signed 2.18.39

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..... *Guy W Wilkinson*.....

Licensed Embalmer No..... *3575*.....

P. O. Address.....

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.