

BUREAU OF THE CENSUS
FILED APR 15 1940Registration District No. 791Primary Registration District No. 1003

1. PLACE OF DEATH

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 5124 Maffett V
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frederick Wilhelm Buetterling3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Herrude 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Nov 11 - 1850
(Month) (Day) (Year)8. AGE: Years 89 Months 3 Days 27 If less than one day _____ hr. _____ min.9. Birthplace Germany (City, town, or county) (State or foreign country)10. Usual occupation Baker11. Industry or business Bakery18. Name Franz Buetterling18. Birthplace Germany (City, town, or county) (State or foreign country)14. Maiden name Augusta Kuehn Buetterling15. Birthplace Germany (City, town, or county) (State or foreign country)16. (a) Informant's own signature Wm. Leo Klein(b) Address 5124 Maffett Ave St. Louis Mo17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Mar 9, 1940 (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Crematory18. (a) Signature of funeral director Geo. S. Bank(b) Address 35th & N. Main Bellefonte Ill19. (a) MAR 8 1940 (Date received local registrar) (b) J. D. Brubaker (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis 6
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5134 Maffett Ave. (If rural, give location)
 (e) If foreign born, how long in U. S. A. 30 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day eight year 1940 hour 3:20 minute 9 M.21. I hereby certify that I attended the deceased from March 6, 1940, to March 8, 1940; that I last saw him alive on March 8, 1940, and that death occurred on the date and hour stated above.Immediate cause of death Senility Duration 3 yrs

Due to _____

Due to _____

Other conditions Chronic myocarditis 5 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 M.D.23. Signature Richard G. Himmel (M. D. or other) M.D.
Address 5146 St. Louis Av. St. Louis, Mo. Date signed 3-8-40

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 me.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

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.