

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

20387

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

5335

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Henry L. Buehler
8. (b) If veteran, name war _____
3. (c) Social Security No. 498-05-0048

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kate Buehler
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased February 4 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 4 14 hr. min.

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

10. Usual occupation Time Keeper

11. Industry or business Hotel Chase

12. Name Joseph Buehler

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

14. Maiden name Kate Zeller

15. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Kate Buehler

(b) Address 3442 Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-1940
(Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Schumacher and Co.

(b) Address 3013 Meramec

19. (a) J. F. Bredeck (b) J. F. Bredeck
(Date) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3442 Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1940 hour 9.00 minute P. M.

21. I hereby certify that I attended the deceased from June 7th
June 12th 1940, to June 18th 1940
that I last saw him alive on June 18th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Septicemia of liver Duration 3 mo.

Due to _____

Due to Questionable

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Septicemia of liver
Ordema of lungs

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

(a) Accident, suicide, or homicide (specify) none

(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)
Means of injury _____

23. Signature Dr. Julius P. Rotten (M. D. or other) M.D.

Address 2603 Cherokee St Date signed 6/20/40

26.03
124 26001
(67)

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 _____

George J. Archambault _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *George J. Archambault* _____
Licensed Embalmer No. *2906* _____
P. O. Address *3013 Myramme* _____

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.