

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29674

State File No.

Registration District No. 284

Primary Registration District No. 111

Registrar's No. 1491

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1608 Bredell Ave 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ ? (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mary Doering 652
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Ferdinand 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 3rd 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name David Buettner 6
13. Birthplace _____ Germany (State or foreign country)
14. Maiden name Catherine Rinkel
15. Birthplace _____ Germany (State or foreign country)

16. (a) Informant Mrs. Ben Best

(b) Address 1177 Claytonia Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director _____ (b) Address 6633 Clayton Road

19. (a) AUG 6 - 1948 (Date received local registration) (b) Registrar's signature R. Meyer (c) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1608 Bredell Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd
year 1948 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb 1
1938 to Aug 3rd, 1948;
that I last saw her alive on Aug 2nd, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous nephrotic
excess

Due to _____
Due to 131

Other conditions Arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings of operations _____
Of autopsy _____

Duration
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 R. M. Freund (M. D. or other) _____
Address 3115 So Grand Blvd Date signed _____

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

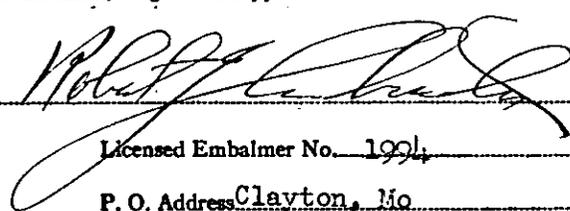
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 1991

P. O. Address Clayton, 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.