

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36624

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 250

1. PLACE OF DEATH:

(a) County VERNON  
(b) City or town NEVADA (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: STATE HOSPITAL No 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3  
In this community 3 months 13 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St-Louis  
(c) City or town St-Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3153 TEXAS (If rural, give location)  
(e) If foreign born, how long in U. S. A. USA years.

3. (a) PRINT FULL NAME HELEN BUEHLER

3. (b) If veteran, name war No. NO (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife CHARLES BUEHLER  
6. (c) Age of husband or wife if alive NOT KNOWN years  
7. Birth date of deceased January 27 1883 (Month) (Day) (Year)

8. AGE: Years 57 Months 8mo Days 11 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business NONE

MOTHER FATHER { 12. Name WILLIAM SOMMERCAMP  
13. Birthplace NOT KNOWN GERMANY (City, town, or county) (State or foreign country)  
14. Maiden name WILHELMINA-HAKE  
15. Birthplace NOT KNOWN GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant RECORDS-STATE HO SP No 3  
(b) Address NEVADA-MISSOURI

17. (a) Burial (b) Date thereof 10/11/40 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Louis Mo

18. (a) Signature of funeral director Mark Eickinger  
(b) Address Nevada Mo

19. (a) 10-11-40 (b) Allen T. Hays (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11 year 1940 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from JUNE 28 1940, to OCT 11 1940, that I last saw her alive on OCT 11 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Insufficiency  
Due to Thyroid Toxicosis?

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 66A

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) NO

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

23. Signature W. J. Kavanagh (Physician or other)  
Address Nevada Mo Date signed \_\_\_\_\_

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

8

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1518

Date filed 11-4-40

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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Mark E. Eicher*

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.**