No. 2
-1-4-41
5-17-39
X28390

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

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16837

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4355

**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: St. Anthony Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 2317
(d) Street No. 2424a S. 10th St. (If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Buchmueller
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 Single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased May (Month) 22, (Day) 1889 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 52 | 0 | 1 | hr. min. |

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER 12. Name Louis Buchmueller Sr.
FATHER 13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Magdalene Hodecker
MOTHER 15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Frieda Buchmueller
(b) Address 2424a S. 10th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/41 (Month) (Day) (Year)
(c) Place: burial or cremation O.S.S. Peter & Paul
18. (a) Signature of funeral director Wacker-Weldele
(b) Address 2331 S. Broadway
19. (a) MAY 24 1941 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 23 year 1941 hour 9 minute a. m.
21. I hereby certify that I attended the deceased from May 19, 1941 to May 23, 1941 that I last saw him alive on May 23, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease — Duration 2 yrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address 4924 S. Grand Date signed 5/23/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**