

REG. DISTRICT NO. **791**

Primary Registration District No. **1003**

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

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:
4207 W. Evans Ave.
(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) 37 Years

8. (a) PRINT FULL NAME Louise Buchholz

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

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

7. Birth date of deceased Dec. 29 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 2 hr. _____ min.

9. Birthplace Fort Madison Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business Home

MOTHER FATHER { 12. Name William Brandes
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Pinkapank
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant James Poach
(b) Address 4207 W. Evans Ave.

17. (a) Removal (b) Date thereof 8-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Madison Iowa

18. (a) Signature of funeral director Buller & Willy
(b) Address 1416 N. Taylor Ave.

19. (a) AUG - 1 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4207 W. Evans Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day July
year 1941 hour 4:45 minute W. M.

21. I hereby certify that I attended the deceased from Jan. 1935
_____ 19 _____ to July 31 1941
that I last saw her alive on July 31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Sclerosis

Due to Extreme age

Other conditions Valvular heart trouble
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy [Signature]

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 [Signature] (Specify time and place) (e) Means of injury _____

23. Signature Edwards G. G. G. (M. D. or other) _____
Address 6012 Barlow Date signed 7/31/41

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

Clement McNeuf

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.