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FILED NOV 11 1941

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **2730**

1. PLACE OF DEATH:

(a) County **St. Louis County**
(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Veterans Administration Facility**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Admitted 10/12/41**
(Specify whether) **Since 10/12/41.**
In this community **Since 10/12/41.**
years, months or days)

3. (a) PRINT FULL NAME **Emil D. Buechler**
3. (b) If veteran, name war **World War** 3. (c) Social Security No. **328-03-5893**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Olinda** 6. (c) Age of husband or wife if alive **31** years
7. Birth date of deceased **December 31, 1884**
(Month) (Day) (Year)

8. AGE: Years **56** Months **10** Days **3** If less than one day
hr. min.

9. Birthplace **Belleville, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Coal Miner**

11. Industry or business **Coal Mine**

12. Name **William Buechler**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Louisa Wethel**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **M. Schellig**
(b) Address **Clinical Clerk, VAF, Jeff. Bks., Mo.**

17. (a) **Removal** (b) Date thereof **11/4/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Belleville, Ill.**

18. (a) Signature of funeral director **Ed Gardner**
250 Lebanon Ave, Belleville, Ill.
(b) Address

19. (a) **NOV 4 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **St. Clair**
(c) City or town **Belleville**
(If outside city or town limits, write "RURAL")
(d) Street No. **815 South 19th Street (rear)**
(If rural, give location)
(e) Citizen of foreign country? **-** (Yes or No)
If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **3rd**,
year **1941** hour **6:25** minute **p.** M.

21. I hereby certify that I attended the deceased from **October 12, 1941** to **November 3, 1941**
that I last saw him alive on **November 3, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypertensive and coronary arterio-sclerotic heart disease, cardiac enlargement, myocardial damage and myocardial insufficiency.**
Due to **Unknown.**

Other conditions: **None.**
(Include pregnancy within 3 months of death)

Major findings: **[Signature]**
Of operations **-**
Of autopsy **No autopsy.**
PHYSICIAN

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?

While at work **[Signature]** (e) Means of injury **[Signature]**

23. Signature **L. M. COCHRAN, M.D.** (M. D. or other)
Address **Chief Medical Officer.** Date signed **11/4/41**

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

11/6/41

DEC 18 1941

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Ben H. Baldwin

Licensed Embalmer No.

2420

P. O. Address

E. 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, fact should be so stated above.