

FILED MAR 17 1942
 Registration District No. **791**

Primary Registration District No. **1003**

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:
4219 Warne Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether
 In this community Not known
years, months or days)

3. (a) PRINT FULL NAME Margaret Buettner

3. (b) If veteran, name war None 3. (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 Ferdinand Buettner 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased: August 27, 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>5</u>	<u>5</u>	hr. min.

9. Birthplace Red Bud Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At home

MOTHER FATHER { 11. Industry or business.....

12. Name George Biffar
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Helen Ernst
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ferdinand Buettner
 (b) Address 4219 Warne Ave

17. (a) Burial (b) Date thereof 2/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director Math Hermann & Son
 (b) Address 2161 East Fair Ave

19. (a) Feb 3 1942 (b) J. F. Bedeck
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
 (c) City or town St. Louis 10 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 4219 Warne Ave 9
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1,
 year 1942 hour 10:30 PM minute M.

21. I hereby certify that I attended the deceased from Jan 20
1942 to Feb 1, 1942
 that I last saw him alive on Feb 1, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
 Duration
 Due to.....
 Due to.....
 Other conditions un. hyp. and hts
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
 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 J. F. Bedeck (M. D. or other)
 Address 1918 9th St. Grand 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 *William G. Burkholz*

Licensed Embalmer No. *2119*

P. O. Address. *St. Louis, 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, fact should be so stated above.