

FILED APR 12 1943

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 790

1. PLACE OF DEATH

(a) County Ballwin Mo. county
(b) City or town St. Louis
(c) Name of hospital or institution Pine Crest Homes 4
(d) Length of stay: In hospital or institution One year
In this community Seven months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. Menard St
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Lillie Buchhold

3. (b) If veteran, name war no

3. (c) Social Security No. none

Female
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife John Buchhold
6. (c) Age of husband or wife if alive dead
7. Birth date of deceased Oct 6 1897

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1943 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from April 1942 to April 6 1943
that I last saw her alive on April 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

8. AGE: Years 21 Months 6 Days 0
If less than one day hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace St. Louis Mo. 0

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

10. Usual occupation unknown
11. Industry or business unknown
12. Name Robert Penelt
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant Julius Schetzer
(b) Address 5516 Hickman - St. Louis
17. (a) Burial
(b) Date thereof 4-10-43
(c) Place: burial or cremation Holy J. Marais Cemetery
18. (a) Signature of funeral director Quinn J. Bopp, Inc
(b) Address Midway
19. APR 8 1943
(b) J. M. Jansen M.D.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature R. W. Jansen (M. D. optional)
Address Manchester Mo Date signed 4/6/43

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

1000

374
9/43

APR 12 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

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.