

FILED JUN 10 1943 318

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2210 Victor Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life (Specify whether
years, months or days)

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. 2210 Victor Street
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis E. Buchmueller, Jr.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Buchmueller 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 10, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 0 27 _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman, Staten Island

11. Industry or business Cleaners, Jeff. & Washington

12. Name Louis Buchmueller

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

14. Maiden name Magdalene Hodecker

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

16. (a) Informant Myrtle Buchmueller
(b) Address 2210 Victor Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 9 43
(Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cem.

18. (a) Signature of funeral director Fackel, Helderich, Wood, Co.
(b) Address 3634 Gravois Avenue

19. (a) HAJ (b) J.P. Mueck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1943 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from Feb 1, 1943 to June 6, 1943
that I last saw him alive on June 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease Duration 7 yr

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edw. A. Overman (M. D. or other) _____
Address 1924 S. Grand Date signed 6/7/43

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

MOTHER FATHER

1 to 2 La Shore

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, 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.