

X23159

FILED SEP 25 1943

Registration District No. 317

Primary Registration District No. 3069

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

1. PLACE OF DEATH: ST LOUIS  
 (a) County ST LOUIS  
 (b) City or town RICHMOND HTS MO  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: ST MARYS HOSP O  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 WEEKS  
28 YEARS- (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96  
 (a) State MO (b) County ST. LOUISSE  
 (c) City or town RICHMOND HTS MO ?  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7447 HARTE-AVE-  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME CL WILLIAM BUCHROEDER  
 (b) If veteran, name war NO  
 (c) Social Security No. 488-07-1710

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month September day 19th  
 year 1943 hour 5 minute 15 P.M.

4. Sex M 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 (b) Name of husband or wife EVELYN BUCHROEDER  
 (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased APRIL 5 1875  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 24th 1939 to September 19 1943  
 that I last saw him alive on September 19th 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
68 5 13 17 hr. 15 min.

Immediate cause of death Arteriosclerosis Sigmale Cerebri  
Arteriosclerosis Atriamia  
 Duration 4 yrs +  
4 yrs +

9. Birthplace ST LOUIS MO A  
 (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation LITHOGRAPHIC ARTIST

Major findings: 46  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business COMPTON + SONS CO  
 12. Name CL WILLIAM BUCHROEDER  
 13. Birthplace GERMANY  
 (City, town, or county) (State or foreign country)  
 14. Maiden name HERWIG DACHSEL  
 15. Birthplace GERMANY  
 (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mrs. Mrs Buchroeder  
 (b) Address 7447 Harter Ave  
 17. (a) BURIAL (b) Date thereof SEPT 22 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation MT HOPE CEMETERY

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Harold J. Ott (M. D. or other) MD  
 Address 2816 Sutor Maplewood Date signed 9/19/43

18. (a) Signature of funeral director Watson Bourque  
 (b) Address 6536 Clayton Rd  
 19. (a) SEP 22 1943 (b) J. McHavary  
 (Date received local registrar) (Registrar's signature)

JUN 8 1944

APR 21 1949

**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.....

*W. W. Wilkinson*

Licensed Embalmer No.....

3575-

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.**