

S. No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39066

State File No. _____

FILED DEC 4 1943

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 2639

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Eureka
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Eureka Mr 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 80 yrs years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Eureka
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Reinhold W. Buder

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife EVA M. Buder

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. - 1 - 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>9</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Judge of Peace Court

11. Industry or business _____

12. Name Reinhold Buder

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

14. Maiden name Philippa Scheel

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Queen Buder

(b) Address Eureka, Mo.

17. (a) burial (b) Date thereof 11-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific Mo.

18. (a) Signature of funeral director Ed. J. Schubert

(b) Address Pacific, Mo.

19. (a) NOV 29 1943 (b) E. J. S. Mason, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1943 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 1943 to Nov. 26 1943
that I last saw him alive on Nov. 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 hrs.

Due to Arteriosclerosis 2 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death)
A.M. Brock

Major findings: Of operations _____

Of autopsy \$300

PHYSICIAN
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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A.M. Brock (M. D. or other)
Address Eureka Mo. Date signed 11-29-43

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

MOTHER FATHER

707

(Licensed Embalmer's Statement on Reverse Side)

JUL 15 1946

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.....

Geo. L. Chekes

Licensed Embalmer No. *3008*

P. O. Address..... *Pacific 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.