

FILED NOV 10 1945
318

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9492

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:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 44 years

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. 4320 N. 19 Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Fred Buchwald

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 Augusta Buchwald 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March 15 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1945 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 16th 1945 to Nov. 2nd 1945 that I last saw him alive on Nov. 2nd 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate

Duration

Other

8. AGE: Years Months Days If less than one day
70 7 17 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Pullman Car Co.

MOTHER FATHER { 12. Name Unk. Buchwald
13. Birthplace Unk. Unk.
(City, town, or county) (State or foreign country)
14. Maiden name Unk.
15. Birthplace Unk. Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Augusta Buchwald
(b) Address 4320 N. 19 Street

17. (a) Cremation (b) Date thereof 11/3/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c). Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director: Suedmeyer & Sons
(b) Address 3934 N 20 Street.

19. (a) NOV 2 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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) (c). Means of injury

23. Signature [Signature] (M. D. or other)
Address 4244 N. Pleasant Date signed 11/2/45

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 *B. L. R. Padwell*
Licensed Embalmer No. 4077
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.