

FILED JUN 26 1946
BUREAU OF THE CENSUS
SLS

STANDARD CERTIFICATE OF DEATH
1003

Registration District No. _____

Primary Registration District No. _____

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:
4602 MORGANFORD RD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME THOMAS BUCHE

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

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

6. (b) Name of husband or wife Ethyl
6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct 23 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 7 20 hr. min.

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

10. Usual occupation Traveling Salesman

11. Industry or business Dritz Traum Inc

12. Name John F Buche

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

14. Maiden name Carrie Jones

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

16. (a) Informant Faye Buche

(b) Address 4602 Morganford Rd

17. (a) Burial (b) Date thereof 6 16 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton Mo

18. (a) Signature of funeral director KRIEGSHAUER

(b) Address 4228 SO. KINGSHIGHWAY

19. (a) JUN 14 1946 (b) J. J. Bradford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 080
(c) City or town ST. LOUIS 1517
(If outside city or town limits, write "RURAL")
(d) Street No. 4602 MORGANFORD RD
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month JUNE day 13
year 1946 hour 3:50 minute A M.

21. I hereby certify that I attended the deceased from August 20th 1944 to June 13th 1946
that I last saw him alive on June 12th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 2 years

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 6/13/46

(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 fall

23. Signature J. F. Gallagher M.D. (M. D. or other)

Address 3903 Olive Date signed 6/13/46

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

204444

*Dr. Gallagher
44 3905 Olive St*

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 *Edwin P. Mc Dermott*

Licensed Embalmer No. *3024*

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.