

3. No. 2  
M-5-43  
5-17-39  
I X36671

State File No.

FILED JAN 13 1947  
318

Registrar's No. 11332

Registration District No. 318 Primary Registration District No. 1003

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:  
2115 College avenue /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(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. 2115 College avenue  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME William Buchmueller  
 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 Elizabeth Buchmueller 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased November 11 1873  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29 year 1946 hour 4 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from June 30 1946 to Dec 29 1946  
 that I last saw him alive on Dec 29 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
73 1 18 hr. min.

Immediate cause of death Arterio Sclerosis  
Chronic Myocarditis  
 Due to.....  
 Due to.....

9. Birthplace Oakaville Illinois  
(City, town, or county) (State or foreign country)  
 10. Usual occupation retired  
 11. Industry or business U S. Post Office

Other conditions Senility  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy.....

MOTHER FATHER {  
 12. Name Fred Buchmueller  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Doepke  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elizabeth Buchmueller  
 (b) Address 2115 College avenue  
 17. (a) burial (b) Date thereof Jan - 2 - 47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New St. Marcus Cemetery  
 18. (a) Signature of funeral director A. Kraus L. & Co  
 (b) Address 2707 N. Grand Bly'd  
 19. (a) JAN 8 (b) J. F. Brecker  
(Date received local registrar) (Registrar's signature)

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?.....  
(Specify type of place)  
 While at work?..... (e) Means of injury.....  
 23. Signature H. A. Heineyer (M. D. or other) M.D.  
 Address 4363 Warner Date signed 12/31/46

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

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**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 Stanley F. Dixon  
Licensed Embalmer No. 4193  
P. O. Address St. Louis

**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.**