. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6069

FILED MAR 11 1947 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 2020

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:
Home of the Friendless 5
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1517
(If outside city or town limits, write "RURAL")
(d) Street No. 4431 S. Broadway 9
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Anna Sophia Buchka

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased 12 (Month) 11 (Day) 1861 (Year)

8. AGE: Years 85 Months 2 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Home

11. Industry or business .....

FATHER
12. Name John F. Buchka
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Elizabeth Wiedler
15. Birthplace ..... (City, town, or county) Germany (State or foreign country) 1

16. (a) Informant Mrs. Herman Bleisner
(b) Address 2607 Union Blvd.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1805 Union Blvd.

19. (a) FEB 27 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25
year 1947 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from October, 1930 to Feb 25, 1947
that I last saw her alive on Feb 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pernicious Anemia	years
Myocarditis Chronic	years
~~Due to~~ Carcinoma of Stomach	2 yrs
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations no —
Of autopsy no.

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) no
(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 Chas E. Hyndman (M. D. or other) MD
Address 3130 Washington (S) Date signed 2/27/47

(Licensed Embalmer's Statement on Reverse Side)

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.....Albert A. Thompson Jr

Licensed Embalmer No. 4239

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.