. No. 2
-12-45
5-17-39
I X47070

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

63017
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6071

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1858

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2625 HICKORY ST.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BUELER, Mary K.

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ WIDOW

6. (b) Name of husband or wife Wm BUELER

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

7. Birth date of deceased JUNE (Month) 28 (Day) 1868 (Year)

8. AGE: Years 78 Months 7 Days 22 If less than one day hr. min.

9. Birthplace CINCINNATI (City, town, or county) Ohio (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

FATHER
12. Name HENRY STUESSEL
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name KATE KUHLMAN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Bueler
(b) Address 3622 Bamberger

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof FEB 24-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ ST. PETERS, CEM.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.

19. (a) FEB 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1947 hour 10:40 minute P M.

21. I hereby certify that I attended the deceased from February 14, 1947 to February 20, 1947 that I last saw her alive on February 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized carcinoma arising from the pelvis, primary unknown — Duration 3 mo.

Due to — Duration 5 mo.

Due to — Duration

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

23. Signature A. C. Dalton (M. D. or other)
Address 1515 Lafayette Ave. Date signed 2/21/47

(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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave 4

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.