

No. 2
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K47370

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14906**
3924
Registrar's No. _____

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital #1
(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 020
(c) City or town St. Louis 1417
(If outside city or town limits, write "RURAL")
(d) Street No. 5059 Pernod 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daisy Buenemann
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife August Buenemann
6. (c) Age of husband or wife if 81 years
7. Birth date of deceased August 17, 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 27
If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Henry H. Cordes
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth J. Plowman
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant August Buenemann

(b) Address 5059 Pernod

17. (a) Burial (b) Date thereof 4 16 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Witt Bros. L. & U. Co.

(b) Address 2929 S. Jefferson Ave.

19. (a) APR 15 1947 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1947 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Structural left femur fracture
when deceased stepped on floor
to the floor for her bowleg
5059 Pernod Ave. St. Louis
Mo. 1947 at about 1:30 P.M.

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) Accident

(b) Date of occurrence April 6, 1947

(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? Home
(Specify type of place)

While at work _____ **(e) Means of injury** 6 atax

23. Signature Robert E. Dwyer (M. D. or other) 3

Address Refer **Date signed** 4/15/47

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 Edgar F. Witt

Licensed Embalmer No. 2117

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.