

No. 2
8-43
5-17-39
X37823

FILED SEP 15 1947

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 1906

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

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town BALLWIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Homes 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
(Specify whether
In this community 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles
(c) City or town St Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 501 Clay
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AUGUSTINA BUK.

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lafayette Buk 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 1913
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1947 hour 9 minute 45 PM

21. I hereby certify that I attended the deceased from Aug 7
1947, to Aug 24, 1947
that I last saw him alive on Aug 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial
Degeneration of left foot Duration _____

8. AGE: 34 Years Months Days If less than one day
73 5 22 hr. min.

Due to _____
Due to 93d

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

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings:
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Herman Calteath

13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Christina Schellkamp

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

16. (a) Informant Miss J. Calteath
(b) Address 303 Clay St St Charles Mo

17. (a) Burial (b) Date thereof Aug 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St John's Cemetery
18. (a) Signature of funeral director Wubermann
(b) Address 17th St St Charles Mo

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? _____

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

19. (a) 9-9-47 (b) Bevilacqua
(Date received local registrar) (Registrar's signature)

23. Signature A. J. Wubermann (M. D. or other)
Address 3507 Poloma Date signed 8-25-47

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..... *Arthur C. Paine*

Licensed Embalmer No. *3151*

P. O. Address: *St Charles Mo*

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.

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH: St Louis
 (a) County St Louis
 (b) City or town Ballwin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (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 Augustina Bush
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
 7. Birth date of deceased Dec 2
 (Month) (Day) (Year)

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

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name _____
 { 13. Birthplace _____ (City, town, or county) (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month _____ Day _____ Year 1944 Hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 * 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? _____
 While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

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

SUPPLEMENTARY

S-29859