U. S. No. 300
50M—10-47
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 37930

Registrar's No. 10552

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: 956 Hamilton
(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 75 years

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. 956 Hamilton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LYDIA BUECKER

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 Married

6. (b) Name of husband or wife H. Wm. Buecker

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased June (Month) 26 (Day) 1873 (Year)

8. AGE: Years 75 Months 5 Days 7 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business Household

FATHER 12. Name William Westholt

13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER 14. Maiden name Wilhelmina Osthoff

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

16. (a) Informant H. Wm. Buecker

(b) Address 956 Hamilton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cemetery

18. (a) Signature of funeral director Beiderwieden F. Home Inc.

(b) Address 1936 St. Louis Ave.

19. (a) DEC 6 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 3RD year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-13-43, 19..., to 12-3-48, 19...; that I last saw her alive on December 1, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Auricular fibrillation	
Cardiac decompensation	10-21-46 +
Due to Hypertensive cardio vascular renal.	1943 +
Due to Nephritis chronic.	1943 +
Other conditions Elephantiasis L. leg. (Include pregnancy within 3 months of death)	
etiology unknown	

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: No

(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 Fred W Clark (M. D. or other) M.D.

Address 5864 Hamilton Date signed

(Licensed Embalmer's Statement on Reverse Side) St. Louis 12 Mo

Dr J. Fred W. Clark
86X Hamilton

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 Neal le Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 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.