S. No. 300
v. 10-48

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11983

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 65

36
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Franklin.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington.
c. LENGTH OF STAY (in this place): 9 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington (St. John's) Rural
d. STREET ADDRESS (If rural, give location): R.F.D. #2.

3. NAME OF DECEASED (Type or Print)
a. (First): Julia
b. (Middle):
c. (Last): Buhr

4. DATE OF DEATH (Month) (Day) (Year): April 15th, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 16th, 1867
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 1, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work.
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (State or foreign country): Omes, Germany. 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Bieker.
13b. MOTHER'S MAIDEN NAME: Elizabeth Nau
14. NAME OF HUSBAND ~~OR WIFE~~: George G. Buhr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Edward F. Buhr — ADDRESS: Washington, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 2, 1948, *to* April 15, 1949, *that I last saw the deceased alive on* April 15, 1949, *and that death occurred at* 9:59 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L O Muench O M.D.
23b. ADDRESS: 905 Elm Washington Mo
23c. DATE SIGNED: 4-16-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 18, 1949
24c. NAME OF CEMETERY OR CREMATORY: St. Francis Borgia Cemetery
24d. LOCATION (City, town, or county) (State): Washington, Mo.

DATE REC'D BY LOCAL REG.: April 16-1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE: Nieburg & Vitt Inc — ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 23 1949

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 27 1949

MAY 10 1949

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 ——, Student Embalmer No. ——, working under my personal supervision.

Signed Jerome F. Swoboda

Licensed Embalmer No. 4507

P. O. Address Washington

Signed .....
Student Embalmer

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.