

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20837

FILED JUN 16 1949

State File No. \_\_\_\_\_  
Registrar's No. **4965**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. <b>4965</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>			c. LENGTH OF STAY (in this place) <b>Life</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>			<b>17</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>State Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>14- 6443 Mardel</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b>			b. (Middle) <b>Mary</b>			c. (Last) <b>BUEHLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 6, 1949</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 20, 1869</b>		9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months   Days	IF UNDER 1 HR. Hour   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Peter Thomas</b>			13b. MOTHER'S MAIDEN NAME <b>Eva Heibies</b>			14. NAME OF HUSBAND OR WIFE <b>Henry Buehler</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. R. Verharst 6443 Mardel</b>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>D iabetes Mellitus</b>											
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Heart Disease</b>											
DUE TO (c) _____											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) <b>6/</b>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>Flux</b>						
22. I hereby certify that I attended the deceased from <b>Jan. 24, 1949</b> to <b>June 6, 1949</b> , that I last saw the deceased alive on <b>June 6, 1949</b> , and that death occurred at <b>11:48 P.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Clifton K. Bunch, M.D.</b>					23b. ADDRESS <b>5400 Arsenal St.</b>			23c. DATE SIGNED <b>6/7/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 9, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS. Peter &amp; Paul Cem.</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>JUN 7 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gebken-Benz Mortuary 2842 Meramec St.</b>					

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

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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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Loren E. Percy

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.  
St. Louis, 18 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.