

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15359

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1044

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>                                    |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>Manchester</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Manchester</b>   |  |
| c. LENGTH OF STAY (If this place) <b>30 yrs.</b>                                   |  | d. STREET ADDRESS (If rural, give location) <b>Manchester Rd.</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Manchester Rd.</b>                      |  |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Julius</b> b. (Middle) <b>H. A.</b> c. (Last) <b>Buermann</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 21, 1950</b> |  |  |
|--|--|--|--|--|--|

|                    |                               |   |                                      |   |   |   |
|--------------------|-------------------------------|---|--------------------------------------|---|---|---|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Mar. 9, 1868</b> | 9. AGE (In years last birthday) <b>82</b> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|---|---|

|  |   |   |  |
|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Real estate sales</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Own agency</b> | 11. BIRTHPLACE (State or foreign country) <b>St. Louis Co., Mo.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|---|---|--|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <b>Karl Buermann</b> | 13b. MOTHER'S MAIDEN NAME <b>Caroline</b> | 14. NAME OF HUSBAND <b>Buermann Dorothea Mosbach</b> |
|---|---|--|

|   |                                     |  |
|---|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>MO.</b> ADDRESS <b>Mrs. Dorothea Buermann, Manchester</b> |
|---|-------------------------------------|--|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Chronic myocarditis</b><br>DUE TO (c) <b>Senility</b> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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) <b>Q</b> | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from April 11, 1950, to April 20, 1950, that I last saw the deceased alive on April 20, 1950, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

|   |                                |                                     |
|---|--------------------------------|-------------------------------------|
| 23a. SIGNATURE <b>Henry F. Scott M.D.</b> (Degree or title) | 23b. ADDRESS <b>Ballwin Mo</b> | 23c. DATE SIGNED <b>April 21 50</b> |
|---|--------------------------------|-------------------------------------|

|   |                              |  |  |
|---|------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>Apr. 23, 50</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>St. John Evangelical</b> | 24d. LOCATION (City, town, or county) (State) <b>Manchester, Mo.</b> |
|---|------------------------------|--|--|

|   |   |  |   |
|---|---|--|---|
| DATE REC'D BY LOCAL REG. <b>4-22-50</b> | REGISTRAR'S SIGNATURE <b>Herbert J. Doube</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Schrader</b> | ADDRESS <b>Funeral Home, Ballwin, Mo.</b> |
|---|---|--|---|

(Licensed Embalmer's Statement on Reverse Side)

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

10.48

**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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Theo. Schroeder*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Bellewin, 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.