

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs +</u>		d. STREET ADDRESS (If rural, give location) <u>218 Tompkins Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>218 Tompkins Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>H.</u> c. (Last) <u>Buehrle, Sr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 3 1951</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 4 1875</u>	9. AGE (In years last birthday) <u>76</u> Months <u>0</u> Days <u>29</u>	IF UNDER 18 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metal Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad Car Company</u>	11. BIRTHPLACE (State or foreign country) <u>O'Fallon, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jacob Buehrle</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Gebhart</u>	14. NAME OF HUSBAND OR WIFE <u>Caroline (Douglas) Buehrle</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>NIL</u>	16. SOCIAL SECURITY NO. <u>498-03-3844</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Caroline Buehrle-St. Charles, Mo.</u> ADDRESS <u>St. Charles, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs -</u> <u>5 yrs -</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. arterio Sclerosis</u>		
	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 <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 5/4/48, 19 , to 4/3/51, 19 , that I last saw the deceased alive on 4/3/51, 19 , and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS <u>126 S Main St.</u>	23c. DATE SIGNED <u>4/3/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 6-1951</u>	24c. NAME OF CEMETERY <u>St. Peter Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>
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DATE REC'D. BY LOCAL REG. <u>4-4-51</u>	REGISTRAR'S SIGNATURE <u>Francis Houlston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Hallmeyer & Sons Co</u> ADDRESS <u>800 N. 2nd - St. Charles, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0923
1

3125

File No. _____
DISTRICT HEALTH OFFICE NO. 4

APR 9 1951

RECEIVED

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 4189

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Joseph I Landolt
Licensed Embalmer No. 4189

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.