

S. No. 300  
V. 10-48

FILED MAR 30 1951

DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11055

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 793

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If Institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Serry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester, Mo.</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Beikle</u>		1790
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>			d. STREET ADDRESS (If rural, give location) <u>R.I. 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTON</u>		b. (Middle) <u>Edward</u>	c. (Last) <u>BUCHHEIT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-23-51</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Oct. 10, 1874</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Serry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Buchheit</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Lank</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Meyer Buchheit</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arnold Buchheit, Serryville, Mo. R. 3</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>St. hemiplegia 2nd</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Chr. myocarditis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Beikle Serryville, Mo.</u>		
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		
22. I hereby certify that I attended the deceased from <u>Mar 7, 1951</u> , to <u>Mar 23, 1951</u> , that I last saw the deceased alive on <u>Mar 23, 1951</u> , and that death occurred at <u>11:30 AM.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>C. H. Serry, M.D.</u> (Degree or title)			23b. ADDRESS <u>Creve Coeur, Mo.</u>		23c. DATE SIGNED <u>3-23-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 28, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Schmiedel, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3/27/51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Tombs, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert Bey, Serryville, Mo.</u>		

JUN 7 1951

**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.....

*Albert Bey*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3866

P. O. Address Ferrysville, Me.

**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.