

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32154

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

FILED SEP 28 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3214

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) 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>BONHOMME TOWNSHIP</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BONHOMME TOWNSHIP</b> <b>4740</b>	
c. LENGTH OF STAY (In this place) <b>years</b>		d. STREET ADDRESS (If rural, give location) <b>GEYER ROAD (HENRY AVE)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GEYER ROAD (HENRY AVE)</b>		d. STREET ADDRESS <b>GEYER ROAD (HENRY AVE)</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MAUD</b>	b. (Middle) <b>CAROLINE</b>	c. (Last) <b>BUEHLER.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 22, 1951</b>
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5. SEX <b>Fe male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 21 1883</b>	9. AGE (In years last birthday) <b>68</b>	10. MONTHS <b>1</b>	11. DAYS <b>22</b>	12. HOURS <b>1</b>	13. MIN. <b>12</b>
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, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>John Weisert.</b>	13b. MOTHER'S MAIDEN NAME <b>Mathilda Gebhard.</b>	14. NAME OF HUSBAND OR WIFE <b>Harry P. Buehler</b>
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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>Walter P. Buehler</b>	ADDRESS <b>St. Louis Co., Mo.</b>
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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, asphyxia, 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>		<b>1 hr (?)</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension 331X</b> DUE TO (c) <b>Arteriosclerosis</b>		<b>?</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Elevated of feet and legs.</b>			<b>?</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 6-10, 1950, to 9-21, 1951, that I last saw the deceased alive on 9-21, 1951, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul E. Bredtger M.D.</b>	23b. ADDRESS <b>411 N. Kingswood Rd. Kirkwood Mo.</b>	23c. DATE SIGNED <b>9-22-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 24 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-22-51</b>	REGISTRAR'S SIGNATURE <b>Richard P. Donker M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b>	ADDRESS <b>7233 Delmar Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Student .....  
Student Embalmer

Signed Melvin L Kemper

Licensed Embalmer No. 4052

P. O. Address St Louis, 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.