

S. No. 300
v. 10.48

3511
43958
State File No.
3511
REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 3311

STANDARD CERTIFICATE OF DEATH

FILED JAN 8 - 1953
BIRTH NO.

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

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
c. LENGTH OF STAY (in this place) Unknown		d. STREET ADDRESS (If rural, give location) 6836 Melrose Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6836 Melrose Avenue		e. STREET ADDRESS (If rural, give location) 6836 Melrose Avenue	

3. NAME OF DECEASED (Type or Print) Julia Augusta Buehler			4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 2, 1910	9. AGE (In years last birthday) 42	10. MONTHS 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Public Utility	11. BIRTHPLACE (State or foreign country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Henry A. Fett	13b. MOTHER'S MAIDEN NAME Emma Knudson	14. NAME OF HUSBAND OR WIFE Harold Buehler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 493-096628	17. INFORMANT'S SIGNATURE OR NAME Harold Buehler ADDRESS 6836 Melrose Avenue

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage		INTERVAL BETWEEN ONSET AND DEATH 10-yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Essential		
	DUE TO (c) 331X		
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)
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?

22. I hereby certify that I attended the deceased from **12-8-50**, 19___, to **12-24-52**, 19___, that I last saw the deceased alive on **12-17-52**, 19___, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John L. Kennedy M.D. C.M.	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 12-26-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-29-52	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
DATE REC'D BY LOCAL REG. 12-27-52	REGISTRAR'S SIGNATURE Hubert R. D... M.D.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Finan ADDRESS 1519 S. Grand Blvd.		

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.

Student
Student Embalmer

Signed W W Wilkinson

Licensed Embalmer No. 3575

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.