

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43465  
State File No. 11415

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><u>Missouri</u><br>b. COUNTY   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u>  |  | c. LENGTH OF STAY (in this place)<br><u>1 week</u>   | c. CITY OR TOWN <u>St. Louis</u>  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St. John's Hospital</u>   |  | STREET ADDRESS (If rural, give location)<br><u>3 6535 Hancock</u> <u>2039</u>  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Emma</u><br>b. (Middle)<br>c. (Last) <u>Buchmann</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Dec. 13, 1954</u>  |   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>   | 8. DATE OF BIRTH<br><u>Feb. 13, 1889</u>  |
| 9. AGE (in years last birthday)<br><u>65</u>  | IF UNDER 1 YEAR<br>Months  | IF UNDER 24 HRS.<br>Days   | IF UNDER 24 HRS.<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own home</u>   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Belleville, Illinois</u>   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |  | 13a. FATHER'S NAME<br><u>George Wade</u>   | 13b. MOTHER'S MAIDEN NAME<br><u>Anna Bruns</u>                                      |
| 14. NAME OF HUSBAND OR WIFE<br><u>Adolph A. Buchmann</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>no</u>   | 16. SOCIAL SECURITY NO.<br><u>490-01-1281</u>                                       |
| 17. INFORMANT'S SIGNATURE OR NAME<br><u>Adolph A. Buchmann, 6535 Hancock</u>  |  | ADDRESS  |   |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death.                     |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mediastinitis due to ruptured</u><br><u>Cerebralgus - post-gastroscopic examination -</u><br><u>for carcinoma of the stomach</u><br>DUE TO (b)<br>DUE TO (c)<br>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?<br>YES <input checked="" 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)  | 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?<br><u>151X</u>  |  |   |
| 22. I hereby certify that I attended the deceased from <u>11-18-1954</u> to <u>12-13-1954</u> , that I last saw the deceased alive on <u>12-13-1954</u> , and that death occurred at <u>5:50p</u> my, from the causes and on the date stated above. |  |  |   |
| 23a. SIGNATURE<br><u>Carl J. Kerl MD</u>  |  | 23b. ADDRESS<br><u>18 S. Kingshighway</u>  | 23c. DATE SIGNED<br><u>12-14-54</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 24b. DATE<br><u>Dec. 15, 1954</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Belleville, Illinois</u>  | 24d. LOCATION (City, town, or county) (State)<br><u>Belleville, Illinois</u>        |
| DATE REC'D BY LOCAL REG.<br><u>DEC 14 1954</u>  | REGISTRAR'S SIGNATURE<br><u>Carl Smith MD</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>C. Hoffmeister Colonial Mortuary Chippewa</u><br>ADDRESS <u>6464</u>  |   |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Carl J. Reis  
18 S. Kingshighway

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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.....  
Signature of Student Embalmer

Signed.....

Louis C. Hoffmeister  
Licensed Embalmer No. 3871

P. O. Address 7814 S. Bon

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.