

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30643**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **7559**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		e. STREET ADDRESS 5023 Lansdown Ave.,		f. (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) LOUISE		b. (Middle)		c. (Last) BUCHHOLZ		4. DATE OF DEATH Aug. 28th, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Dec. 31st, 1882		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Belleville, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Wachter			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Peter Buchholz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Leona Hines 5023 Lansdown Ave. St. Louis, Mo. 63112					
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) Myocardial Infarction ANTECEDENT CAUSES DUE TO (b) Heart Arteriosclerosis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Hypertensive Retinopathy 10 years						INTERVAL BETWEEN ONSET AND DEATH 14 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 42215						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)					
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 2:10 P.M. , 19 55 , to Aug 28 , 19 55 , that I last saw the deceased alive on Aug 29, 1955 , and that death occurred at 2:20 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE Charles Smith M.D.				23b. ADDRESS Carters Ridge				23c. DATE SIGNED 7-29-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 31st, 1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. AUG 29 1955		REGISTRAR'S SIGNATURE Charles Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Leidner Und. Co., 2223 St. Louis Ave.				

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert M. Murray*.....

Licensed Embalmer No. *3749*.....

P. O. Address *St. Louis*.....

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.