

No. 300  
10. 48

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6229  
State File No. \_\_\_\_\_  
Registrar's No. 1420

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St Louis</b> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <b>St Louis</b>  | d. In Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> <b>A</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>2000 A Allen Av</b>                                    |                                   | e. STREET ADDRESS (If rural, give location)<br><b>23 2000 A Allen Av</b>   |  |

|  |  |  |  |
|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Catherine</b><br>b. (Middle) <b>Olga</b><br>c. (Last) <b>Buehl</b> |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Feb 8 1956</b>            |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Oct 14 1887</b>   |
| 9. AGE (In years last birthday) <b>68</b>  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St Louis Missouri</b> |
|  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U S A</b>                             |  |

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><b>Adam Nutz</b>                            | 13b. MOTHER'S MAIDEN NAME<br><b>Christine ?</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Oscar</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO.                         | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Oscar Buehl 2000<sup>th</sup> Allen Av.</b> |

|   |  |   |  |                                  |
|---|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  |  | <b>Coronary occlusion</b>   |  | <b>1 day</b>                     |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                  |
| ANTECEDENT CAUSES   |  | DUE TO (b) <b>Arteriosclerosis Heart disease</b>  |  | <b>2 years</b>                   |
|   |  | DUE TO (c)  |  |                                  |

|   |  |   |
|---|--|---|
| 19a. DATE OF OPERATION                                | 19b. MAJOR FINDINGS OF OPERATION<br><b>420.0</b>   | 20. AUTOPSY?<br>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 **Sept 21, 1955**, to **Feb. 8<sup>th</sup>, 1956**, that I last saw the deceased alive on **Feb 6, 1956**, and that death occurred at **7:25 A.M.**, from the causes and on the date stated above.

|   |                   |                                     |                                   |
|---|-------------------|-------------------------------------|-----------------------------------|
| 23a. SIGNATURE<br><b>Ernest Younger, M.D.</b> | (Degree or title) | 23b. ADDRESS<br><b>3624 Russell</b> | 23c. DATE SIGNED<br><b>2-8-56</b> |
|---|-------------------|-------------------------------------|-----------------------------------|

|   |                             |  |   |
|---|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24b. DATE<br><b>2/10/56</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>New St Marcus Cem</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St Louis County Mo.</b> |
|---|-----------------------------|--|---|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG.<br><b>FEB 9 1956</b> | REGISTRAR'S SIGNATURE<br><b>Charles Smith MD</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Moydell Funeral Home 1926 Allen Av</b> |
|---|--|---|

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 me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed George J. Soboda

Licensed Embalmer No. 4899

P. O. Address 1976 A. B. C.

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.