FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2588

STATE FILE NUMBER 258

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 22 St. Anthony — Length of stay in 1b: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Lemay 4860 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 27 2852 Telegraph Rd — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Gustave Middle: Last: Buchholz
4. DATE OF DEATH Month: Jan Day: 8 Year: 1957
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 10, 1893
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Packing House
11. BIRTHPLACE (City and state or country): Germany 4
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Buchholz
14. MOTHER'S MAIDEN NAME: not known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 490-12-6794
17. INFORMANT: Adelma Buchholz Address: 2852 Telegraph

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — Interval between onset and death: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Hypertension — unk
DUE TO (c) Arteriosclerosis General — unk
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —
20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Jan 7-57 to Jan 8-57 and last saw her/him alive on Jan 7-57
Death occurred at 8:00 a m on the date stated above; and to the best of my knowledge from the causes stated.
22a. SIGNATURE: Robert S Warner (Degree or title) MD
22b. ADDRESS: 1115 Paul Brown Bldg St Lo Mo
22c. DATE SIGNED: Jan 9-57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 1/10/57
23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.
24. FUNERAL DIRECTOR ADDRESS: J. L. Ziegenhein & Sons 7027 Gravois
25. DATE RECD. BY LOCAL REG.: JAN 10 '57
26. REGISTRAR'S SIGNATURE: J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald E Bay

Licensed Embalmer No. 48

P. O. Address 7027 S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.