URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 25 1960

60-020750

STATE FILE NUMBER

ENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4973

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 20 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Chronic Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5800 Arsenal
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MAGGIE Middle Last BUHR

4. DATE OF DEATH: Month May Day 9 Year 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9/22/1876

9. AGE (last birthday): 83

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): O'Fallon, Ill

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Dominic Buhr

13b. MOTHER'S MAIDEN NAME: Margaret Bogy

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Rothwell Address: 4140 Lindell

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): Fracture of Hip
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c): 904.7-45
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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.) Suffered in fall at St Louis Chronic Hospital on May 8 1960.

20c. TIME OF INJURY: Hour 5 a.m. p.m. Month, Day, Year 86.

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.): Hosp

20f. CITY, TOWN, OR LOCATION: St Louis COUNTY STATE Mo.

21. I attended the deceased from 13 to and last saw her/him alive on

Death occurred at 1225 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Patrick E. Taylor (Degree or title) Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 5/11/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/11/60

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county): St. Louis (State) Mo.

24. FUNERAL DIRECTOR: Cullen & Kelly ADDRESS: 7267 Natural Bridge

25. DATE RECD. BY LOCAL REG.: MAY 11 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by Not Embalmed, Student Embalmer No.

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James A. Lammero

Licensed Embalmer No. 4142

P. O. Address St. Louis

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