

AMENDED  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Length of stay in 1b  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSP. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY ST. LOUIS  
 c. CITY OR TOWN LEMAPY Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 4018 MELON DR. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
ELIZABETH BUEHMANN OCT 29 1961

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-5-1896 9. AGE (last birthday) 69 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) RETIRED MAID 10b. KIND OF BUSINESS OR INDUSTRY LUTHERAN HOSP. 11. BIRTHPLACE (City and state or country) AUSTRIA HUNGARY 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME ANDREW KECHER 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE JOHN BUEHMANN (Dr.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT CHRISTINE BECHER 1925 TELFORD Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Myocardial heart disease INTERVAL BETWEEN ONSET AND DEATH 2 day  
 DUE TO (b) Decompensated aortic mitral heart disease 6 mo.  
 DUE TO (c) 420.9

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.)

20c. TIME OF INJURY Hour Month, Day, Year  
 s.m. p.m.

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 9-26-52 to 10/29/61 and last saw her alive on 10/29/61.  
 Death occurred at 10/29/61 11:51 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul Parachuck 22b. ADDRESS 5205 Chippewa 22c. DATE SIGNED 10/31/61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE NOV 2, 1961 23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK 23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.

24. FUNERAL DIRECTOR Thomas Kulis 2906 Grinnell ADDRESS 25. DATE RECD. BY LOCAL REG. NOV 1 1961 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

12-3  
12-3  
Free  
wall

**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 *James C. Hill*

Licensed Embalmer No. 4347A

P. O. Address 2906 Pine

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.