

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012505

FILED APR 6 1962

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3420**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 **21**
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4 **0**
5 **1**
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7 **1**
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12 **69-0**
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		c. CITY OR TOWN St. Louis,	
Length of stay in lb 4 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If not in hospital or institution) St. Louis Little Rock Hospitals, Inc.,		d. STREET ADDRESS (If outside, give location) 4237 Louisiana Ave.,	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last George Dewey Buerklin		Month Day Year Mar. 29, 1962.	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 19, 1898
9. AGE (last birthday) 63 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switch tender		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Quincy, Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Edward Buerklin	
13b. MOTHER'S MAIDEN NAME Hermina Wuest		14. NAME OF HUSBAND OR WIFE Ruth Vera Barron	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Ruth V. Buerklin	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive Heart Disease with Pulmonary Edema. Left Hemiplegia DUE TO (b) DUE TO (c) Arricular Fibrillation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 4:20:0	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 Mar. 25, 1962 , to Mar. 29, 1962 and last saw her/him alive on Mar. 29, 1962 Death occurred at 7:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Arthur Boyd M.D.</i>		22b. ADDRESS 1755 South Grand Blvd.,	
22c. DATE SIGNED 3-30-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE April 2, 1962		23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Missouri		25. DATE RECD. BY LOCAL REG. MAR 31 1962	
24. FUNERAL DIRECTOR Beiderwieden Funeral Home, Inc.		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	
ADDRESS 3620 Chittawa St., Louis, Mo.			

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1007 Louisiana Ave.
New Orleans, La.

George
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701-11-6686

Route Conventive Heart Disease with Primary

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 _____

Licensed Embalmer No. 4520
P. O. Address St Louis, Mo

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.

2-30-05