

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22276

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1000**
(No. **4240 Papin St.**)

File No.....
Registered No. **6459**
St..... Ward.....

2. FULL NAME

Ferdinand R. Buchardt
(a) Residence. No. **4240 Papin St.**, St., **18** Ward.

Length of residence in city or town where death occurred **48** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (WRITE IN) **Augusta Buchardt**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct. 30, 1847**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
80 7 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Chair Maker**
(b) General nature of industry, business, or establishment in which employed (or employer) **Proprietor**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

14.

INFORMANT **Augusta Buchardt**
(Address) **4240 Papin St.**

15.

JUN 19 1928
FILED 19... Registrar **M. C. Stanley**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 18, 1928**

17. I HEREBY CERTIFY, That I attended deceased from **8 June 1928**, to **June 17, 1928** that I last saw him alive on **June 17, 1928**, and that death occurred, on the date stated above, at **12:30 P. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Gastritis and Acute Hepatitis due to Malaria (duration) yrs. mos. ds. **10 ds.**

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Examination of smears**

(Signed) **Ernest J. Joperson**, M. D.

, 19 (Address) **4011 Chautauque**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mount Hope Cemetery 6-20-1928

20. UNDERTAKER

ADDRESS **4107**

Friesshauer & Co. Manchester, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

As the
Wanted
7th 2. 1860.