

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

Do not use this space.

12227

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.

96  
23  
22  
7

1929

**PLACE OF DEATH**

County St. Louis  
 Township Central  
 City University City (No. 6726, Chamberlain St. \_\_\_\_\_ Ward)

Registration District No. 1160  
 Primary Registration District No. 4470

File No. 36  
 Registered No. \_\_\_\_\_

2. FULL NAME Mary Ann Buehler  
 (a) Residence. No. 16726 Chamberlain Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16, 1928

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
		3	6	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. None  
 (b) General nature of industry, business, or establishment in which employed (or employer). \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Ray J. Buehler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jefferson  
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Lucile Cash

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo.

14. INFORMANT Ray J. Buehler  
 (Address) 6726 Chamberlain Ave.

15. FILED 3/23/29 Marie Brown  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Stasis Lymphaticus  
W  
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) W  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
 (Signed) John O'Connell M. D.

3/22/29 (Address) formed of St. Louis County  
 \*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 Memorial Park DATE OF BURIAL March 23 1929

20. UNDERTAKER Elmer Shepard ADDRESS 1167 Hamilton

