

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

Do not use this space.

19776

**1. PLACE OF DEATH**

County.....

Registration District No. 797

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. 3517)

Grace Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 5387

**2. FULL NAME**

Annie Buechel

(a) Residence. No. 3517 Grace St., 16 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leo Buechel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 2 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
(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 Philip Strub

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

12. MAIDEN NAME OF MOTHER Annie Schaffer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

14. INFORMANT Leo Buechel  
(Address) 3517 Grace Ave.

15. FILED MAY 15 1929 May C. Harvey REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1929

17. I HEREBY CERTIFY That I attended deceased from 8/21 1928, to 5/14 1929  
that I last saw h. ex alive on 5/14 1929, and that death occurred, on the date stated above, at 5:55 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute dilatation of Heart  
1112  
53E44A  
95B (duration) yrs. mos. da. 3 hours  
CONTRIBUTORY (SECONDARY) Cancer gastric  
with Metastasis - of entire abdomen. (duration) yrs. mos. da.

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? Two previous operations  
(Signed) Edw. Simpson, M. D.

5/14, 1929 (Address) 3729 Gravois ave

\*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 New Bickw DATE OF BURIAL May 16 1929

20. UNDERTAKER Mackw. Helderle ADDRESS 2437 St. Broadway.

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.

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