

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

Do not use this space.

25207

1. PLACE OF DEATH

County.....

Registration District No. **79L**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City of St. Louis**)

File No.

Registered No. **7433**

St. Ward)

2. FULL NAME

Louis Nagel Buchler

(a) Residence. No. **944 1/2 Maple** St., **25** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **55** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 (OR) WIFE OF **Jennie Buchler**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 13 - 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **50 1 10**

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. **Teamster** (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)

10. NAME OF FATHER **Unknown Buchler**

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT **Arthur J. Donnelly** (Address) **City of St. Louis**

15. FILED **JUL 24 1930** **Wm. C. Ashby** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 23 1930**

17. I HEREBY CERTIFY, That I attended deceased from **July 8**, 19**30**, **July 23, 1930**, that I last saw him **live on July 23, 1930**, and that death occurred, on the date stated above, at **5:30** p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS: **Cerebral hemorrhage B2A**

CONTRIBUTORY (SECONDARY) **WPA** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH. **No** DATE OF WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS (Signed) **Jayh T. Fisher** M. D. **7/24 1930** (Address) **City of St. Louis**

*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 **Bethania** DATE OF BURIAL **7-25 1930**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2089 Oak St**

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.

Doehler