

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

Do not use this space.

29816

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 10003

City

(No. City Hospital)

File No.

Registered No. 8860

St.

Ward)

2. FULL NAME Baby Buehl

(a) Residence, No. 7916 of Washington Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred life 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 90

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

MOTHER FATHER 13. NAME Wm. Buehl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City

15. MAIDEN NAME Ruth Constable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unacella New York

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE Alhambra Cem DATE Aug - 11 - 1931

19. UNDERTAKER (ADDRESS) Albert J. Hopp, 1845

20. FILED Aug 11, 1931 Miss C. J. ... Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17 th. 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8th 1931, to Aug. 17 th. 1931

I last saw him alive on Aug. 17, 1931. Death is said to have occurred on the date stated above, at 6:50 P. M.

The principal cause of death and related causes of importance were as follows: 160B

159
Premature Delivery
Intracranial Hemorrhage

Other contributory causes of importance:

8

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond H. ... M. D.

(Address) City Hospital

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.

Handwritten text at the top right corner, possibly a signature or name.