

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

Do not use this space.

NOV 13 1934

34754

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis Mo. (No. Sanitarium) St. _____ Ward _____

2. FULL NAME

Henry Buel
 (a) Residence, No. 6680 Jett Park St. 4 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 42 yrs. 4 mos. 16 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) May 14, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
42 4 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
 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 Unknown

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

FATHER 13. NAME Charles Buel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown France

MOTHER 15. MAIDEN NAME Mary Ann Behre Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT W.F. McClame M.D.
 (ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhalla Crematory DATE Oct. 2, 1934

19. UNDERTAKER M. M. Schumacher
 (ADDRESS) 4834 Nat. Bridge

20. FILED 1 1934 19 J. B. Decker
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29th 1934

22. HEREBY CERTIFY, That I attended deceased from July 1st 1930 to Sept 29th 1934
 I last saw him alive on Sept 29th 1934 Death is said to have occurred on the date stated above, at 10⁴⁵ m.
 The principal cause of death and related causes of importance were as follows:
124E 7

Date of onset _____
curious of liver 9/7/34
 Other contributory causes of importance bl
1/24

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) William F McClame M.D.
 (Address) 5400 Arsenal St

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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