

JAN 10 1936

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

Do not use this space.

46100

File No. 11936
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis, Mo. (No. Firmin-Desloga Hospital)

2. FULL NAME

ERNST CONRAD BUELTMAN

(a) Residence No. 7055 West Park St. 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 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 May Buelman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 21st, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 2 12

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

13. NAME Ernst C. Buelman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Josephine Roehr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. May Buelman (ADDRESS) 7055 West Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE December 5, 1936

19. UNDERTAKER Sullivan Brothers (ADDRESS) 2849 N. Euclid Avenue

20. FILED DEC 3 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 3rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1936, to Dec 3, 1936
I last saw him alive on Dec 2, 1936. Death is said to have occurred on the date stated above, at 12:15 Am.
The principal cause of death and related causes of importance were as follows:

Date of onset
Aneurysm of the Aorta 2/27/36
3/4
Other contributory causes of importance:

Cardio-Vascular Les 2/25/36

Name of operation _____ Date of _____
What test confirmed diagnosis? All _____ Was there an autopsy? No

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? No
If so, specify _____ (Signed) J. Bredeck M. D.
(Address) 833 No. State Bldg.

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.

Dr. Brewman
Ms. Theatre