

SEP 17 1937

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

Do not use this space.

1. PLACE OF DEATH

36 County Franklin Registration District No. 297
Township St. Louis Primary Registration District No. 5414
City Washington (No. 1) St. Washington, Mo. R. #2 Ward

File No. 30631
Registered No. 67

2. FULL NAME

George G. Buhl
(a) Residence, No. Washington, Mo. R. #2 St. Washington, Mo. R. #2
(Usual place of abode) (If nonresident, give city or town and State)
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 Married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1st 1862

7. AGE YEARS 75 MONTHS 1 DAYS 24 If LESS than 1 day, hrs. or min.

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

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) 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Washington, Missouri (STATE OR COUNTRY)

13. NAME John Buhl

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

15. MAIDEN NAME Catharine Brentmann

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

17. INFORMANT Mrs. Julia Buhl (ADDRESS) Washington, Mo. R. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Aug 25 1937

19. UNDERTAKER W. Pitt, Inc. (ADDRESS) Washington, Mo.

20. FILED Aug. 24 1937 H. A. May Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1937, to Aug 22 1937

I last saw him live on Aug 22 1937. Death is said to have occurred on the date stated above, at 11:10 P.M. (11:10 P.M.)

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

Aneurysm of Aorta Date of onset Not known

Other contributory causes of importance: Atherosclerosis Coronary Artery Disease

Name of operation None Date of —

What test confirmed diagnosis Placental Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: accident, suicide, or homicide? Yes 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) R. R. Coates, M. D.

(Address) Washington, Mo.

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.

