

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

39700
Do not use this space.

DEC 13 1937

1. PLACE OF DEATH

(a) County Registration District No. 2003

(b) Township Primary Registration District No.

(c) City St. Louis (d) Street No. 5602 Morganford Rd. Registered No. 10687

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charlotte Buchholz

(a) Residence, No. 5602 Morganford Rd. St. 1 (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1873

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

64 6 16

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

9. Industry or business in which work was done, as saw mill, bank, etc. House Keeper

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Unknown Greiner

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Henry Wasem (ADDRESS) 5602 Morganford Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 11-20, 1937

19. FUNERAL DIRECTOR Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED NOV 19 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1931, to Nov. 17, 1937

I last saw her alive on Nov. 17, 1937. Death is said to have occurred on the date stated above, at 12:20 A.M.

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

Chronic Pancrematosis
Nephritis

Date of onset 5 yrs ago.

Other contributory causes of importance Anasarca

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 Herman & Walker
(Signed) M. D.
(Address) 2728 N. 51

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. W. W. W. W.
2728 N. 11th St.
Je 5917

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Edwin M. Bernath*

Licensed Embalmer No. *3024*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)