

JAN 10 1938

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

43684

Do not use this space.

Registered No. 11934

1003

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis. (d) Street No. City Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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 John Buxel.

(a) Residence, No. 4320 WASHINGTON AVE. St. 19  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Emma Buxel.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
about 61 or 62 - - - - -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed  
9. Industry or business in which work was done, as saw mill, bank, etc. (bartender)  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation 26

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

13. NAME John Henry Buxel  
14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown  
15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

17. INFORMANT John Buxel (ADDRESS) 4320 Washington, Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Dec. 28th, 1937

19. FUNERAL DIRECTOR C.R. Lupton & Sons. (ADDRESS) 4449 Olive, St. St. Louis, Mo

20. FILED DEC 27 1937 J. T. Bredeek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to 13....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 140 m.

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

Double Pyemphlosis  
Suppurative Ureteritis  
Cystitis  
Gonorrhea of Perine  
Unlimited Suppurating Foci  
of Prostate Gland  
of Prostate Gland

Other contributory causes of importance:  
Struck by Ford Sedan driven  
by one Edward Francis  
and of about 1326 Mulhenny  
about 8:15 P.M. Oct 21 - 1937

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury Oct 21 1937

Where did injury occur? St. Louis, Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury SEE ABOVE  
Nature of injury SEE ABOVE

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....

(Signed) Alfred J. Perry, M.D.  
(Address) Deputy Coroner

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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STATEMENT BY LICENSED EMBALMER

I, J. T. Lupton, Licensed Embalmer No. # 2122  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by B. A. Miles  
..... L. E. ....  
No. 2901 or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed J. T. Lupton  
Licensed Embalmer No. 2122

**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.)**