

FEB 12 1938

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

761

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hospital No. 1** 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.
C. 14066

2. PRINT FULL NAME

Agnes Buecker 260
(a) Residence, No. **4515 a North 20th 9** (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 **The Late Fred Buecker**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 5, 1893**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 43 5 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Dressmaker**
9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
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 **Christian Martin**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Elizabeth Dieckhans**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**17. INFORMANT **Hosp. Info M. Kent**
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Jan 1938**19. FUNERAL DIRECTOR **Stroot - Carroll**
(ADDRESS) **1600 Natural Bridge**20. FILED **JAN 18 1938** **J. Bredeck**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/15/38**22. I HEREBY CERTIFY That I attended deceased from **12/25/37** to **1/15/38**
her **1/15/38**I last saw her alive on **1/15/38** at **9.50 a.m.** Death is said to have occurred on the date stated above, at **m.**

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

Coronary thrombosis Date of onset
Pulmonary infarction
no pneumonia
not tubercular

Other contributory causes of importance:

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?..... 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.....

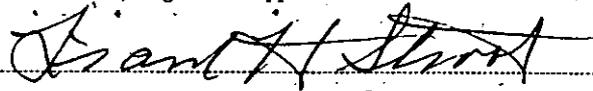
24. Was disease or injury in any way related to occupation of deceased?

I do, specify **Dr. Maxwell**
(Signed) **Dr. Maxwell**, M. D.
(Address) **City Hospital No. 1**

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



Licensed Embalmer No. 2265

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.)