AUG 10 1938 REC'D SEP 9 1938

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

29939
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township Meramec — Primary Registration District No. 200 — Registered No. 1346
(c) City Chesterfield — (d) Street No. ..... 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frances Theresa Buck
(a) Residence, No. Chesterfield, Mo. St.
(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: 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 August Buck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 77 | 5 | 22 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pond, Mo. 0

FATHER
13. NAME Henry Hohmann 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Henrietta Ender
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Minnie Bellaus
(ADDRESS) Chesterfield, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Gumbo Cemetery
PLACE Gumbo, Mo. DATE Aug. 11, 1938

19. FUNERAL DIRECTOR Schrader Funeral Home
(ADDRESS) Ballwin, Mo.

20. FILED AUG 10 1938 J. R. Meyer M.D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Aug 9, 1938
I last saw her alive on Aug. 9, 1938. Death is said to have occurred on the date stated above, at 10:05 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | 5-6 yrs |

Other contributory causes of importance:
Bronchial asthma
Hypertension
Nephritis (chronic)

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam 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) Henry Scott, M. D.
(Address) Ballwin Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

**STATEMENT BY LICENSED EMBALMER**

I, Harry Schrader, Licensed Embalmer No. 2091

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

L. E.

No. 2091 or by, Registered Apprentice No.

working under my personal supervision.

Signed Harry Schrader

Licensed Embalmer No. 2091

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