

REC'D NOV 16 1938

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

33680
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. 4411 Louisiana 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 **Henry A. Buhrmester**

(a) Residence, No. 4411 Louisiana St. **15** (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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 31, 1872**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 11 1

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

12. BIRTHPLACE (CITY OR TOWN) **Nashville**
(STATE OR COUNTRY) **Illinois**

13. NAME **Christian Buhrmester**

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

15. MAIDEN NAME **Schlinger**

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

17. INFORMANT **Anna Buhrmester**
(ADDRESS) **4411 Louisiana**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Picker Cem.** DATE **10/5/38**

19. FUNERAL DIRECTOR (NAME) **J. L. Ziegenhein & Son**
(ADDRESS) **7027 Gravois Avenue**

20. FILED **1938** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 2, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 14, 35**, 19 to **Sept 26**, 19. I last saw him alive on **Sept 26**, 19. Death is said to have occurred on the date stated above, at **St. Louis, Mo.**
The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic
arteriosclerotic heart disease
generalized arteriosclerosis
2 days

Other contributory causes of importance:

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? **1**
If so, specify _____
(Signed) **W. Allan B. Kuyshera, M. D.**
(Address) **W. S. Kuyshera**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Clara P. Kidwell

Licensed Embalmer No.

3877

P. O. Address

69379 Hawaii

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.)

If this body is not embalmed, above space should be left blank.