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.

REC'D FEB 10 1939

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

689
Do not use this space.

Registration District No. 781
Primary Registration District No. 1003
Registered No. 689

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. 3012 Mc Nair 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? 15 yrs. mos. ds.

2. PRINT FULL NAME 260 Jacob Bucher

(a) Residence, No. 3012 Mc Nair St. 24
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barbara Bucher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16 1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
55	4	4	

OCCUPATION
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. Stonecutter
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) Hungary

FATHER
13. NAME Michael Bucher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

MOTHER
15. MAIDEN NAME Margaretta Breiner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT Barbara Bucher
(ADDRESS) 3012 Mc Nair Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE N. St. Marcus DATE 1-23 1939

19. FUNERAL DIRECTOR (NAME) Mitt Bros. L. & N. Co.
(ADDRESS) 2929 S. Jefferson Av.

20. FILED JAN 23 1939 J. H. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20 1939

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1939, to January 20, 1939
I last saw him alive on January 20, 1939. Death is said to have occurred on the date stated above, at 7 45 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis Acute	4 days
Other contributory causes of importance:	
Syphilis of heart	1 year

Name of operation none Date of
What test confirmed diagnosis? Blood Test 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) Julius Chr. Rotter, M. D.
(Address) 2603 Cherokee St.

(Licensed Embalmer's Statement on Reverse Side)

689

689

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, Paul A. Shanklin, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 9995 S. Jeff

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

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