REC'D MAY 22 1939

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

Do not use this space.

1. PLACE OF DEATH
County Perry — Registration District No. 660 — File No. 15747
Township — Primary Registration District No. 4396 — Registered No.
City Perryville Mo. (No. , St. Ward)

2. FULL NAME 466 Wilhemina Buehler
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Buehler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
73	0	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
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) Cape Girardeau Co. Mo.

FATHER
13. NAME Henery Schroder 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Mary Ann Hering 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Sanford Buehler Perryville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Perryville Mo. DATE April 28 1939

19. UNDERTAKER (ADDRESS) Young & Sons Perryville Mo. 545

20. FILED 4-27 1939 Jos J Zoellner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1939

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1939, to April 26, 1939
I last saw her alive on April 26, 1939. Death is said to have occurred on the date stated above, at 5:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy (Left Hemiplegia)	4/23/39

Other contributory causes of importance: $2.00

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Bernard T. Kvoy, M. D.
(Address) Perryville, Mo.

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.

Embalmed by Lawrence G. Young

Lisense no.--2138

Perryville Mo.