

30 1939

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37214

State File No. _____

Registration District No. 784Primary Registration District No. 111Registrar's No. 1908

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether _____)

In this community 46 Years
years, months or days

3. (a) PRINT FULL NAME Olga C. Buchholtz

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William P Buchholtz

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased November 5, 1871
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>67</u>	<u>11</u>	<u>23</u>	hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER:

12. Name Gottlieb Goepel

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature William P Buchholtz

(b) Address 5149 Ashland Ave

17. (a) Cremation (b) Date thereof 10-31-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 30 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5149 Ashland Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.: 46 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th
year 1939 hour 5:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from 10-18- 1939, to 10-28- 1939.
that I last saw her alive on 10-27- 1939.
and that death occurred on the date and hour stated above.

Immediate cause of death: Atypical lobar pneumonia (middle right) type unable to be determined

Duration 10-18-39 to 10-28-39

Due to _____

Due to 108

Other conditions Ch. Myocarditis
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Alexander J. Kotkis (M. D. or other) _____

Address 467 N. Taylor St. St. Louis Date signed 10/30/39

(Licensed Embalmer's Statement on Reverse Side)

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 William L. Bushholz
Licensed Embalmer No. 2110
P. O. Address St Louis Mo

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.