

E14546

S. No. 2
—11-10-39
v. 5-17-39
—I X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 1013Registration District No. 791Primary Registration District No. 1003Registrar's No. 1013

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days
(Specify whether _____)

In this community _____
years, months or days)

8. (a) PRINT FULL NAME Edward Buell 407D8. (b) If veteran, name war No. 8. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Oct. 10 1870
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
69 3 18 _____ hr. _____ min.9. Birthplace Ohio
(City, town, or county) (State or foreign country)10. Usual occupation Unknown11. Industry or business 112. Name Unknown 113. Birthplace Unknown 9
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant City Hospital Records(b) Address City of St. Louis17. (a) Burial (b) Date thereof 1/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cem.18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Ave.19. (a) JAN 31 1940 (b) J. D. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 6033 Maple Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28,
year 1940 hour 2:05 minute _____ A. M.21. I hereby certify that I attended the deceased from January 21, 1940, to January 28, 1940;
that I last saw him alive on January 28, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Cardiac Hypertrophy 31
Duration 31Due to HypertensionDue to Chronic Emphysema
Other conditions non tubercular
(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? _____

While at work? Yes (Specify type of place) _____
(e) Basis of injury _____23. Signature J. D. Brubaker (M. D. or other) _____Address 1515 Lafayette, Date signed 1/29/40

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

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 *Albert G. Kopp*

Licensed Embalmer No. *2971*

P. O. Address.....

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.