

Registration District No. 784

Primary Registration District No. 210

State File No. \_\_\_\_\_

Registrar's No. 465

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Gardenville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4638 Heidelberg  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community life  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Antonette Bucher  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife John Bucher 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 12 1896  
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Hoppe  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hazel Schulteis  
(b) Address 4638 Heidelberg

17. (a) Burial (b) Date thereof March 4, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul

18. (a) Signature of funeral director John Ziegenhagen & Sons  
(b) Address 7027 Gravois

19. (a) MAR 6 1940 (b) D. R. Meyer, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Rural Gardenville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4638 Heidelberg  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
year 1940 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb 13, 1940, to March 4, 1940  
that I last saw him alive on March 2, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Stomach Cancer  
Intestinal neoplasm 1925

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 131  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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 Oscar D. Meyer (M. D. or other) \_\_\_\_\_  
Address 5526 S. Kingshighway Date signed 3/6/40

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.

---

**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..... *C. P. Kidwell* .....

Licensed Embalmer No..... *3877* .....

P. O. Address..... *6937<sup>e</sup> Graves* .....

**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.**