

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1705
Registrar's No. 3

Registration District No. 1026

Primary Registration District No. 5702A

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community Lifetime years, months or days

3. (a) PRINT FULL NAME ODA B. BUEHLER

3. (b) If veteran, name war L 3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Buchler 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased (Month) 12 (Day) 18 (Year) 1870

8. AGE: Years 70 Months Days If less than one day hr. min.

9. Birthplace Bollinger Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Joe Myers

13. Birthplace Madison Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Louisa Baker

15. Birthplace Bollinger Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Buchler

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 1-11-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buchler Cem.

18. (a) Signature of funeral director Baker Funeral Home

(b) Address St. Louis, Mo.

19. (a) Jan 20 41 (b) William F. Schumacher (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1941 hour 8:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1/9/41 to 1/10/41, 1941; that I last saw him alive on 1/10/41, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Double Solar Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(e) Means of injury

23. Signature John F. Myers (M. D. or other)

Address St. Louis, Mo. Date signed 1/11/41

WHITE PLAIN - 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.

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.....

Licensed Embalmer No.....

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.