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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
791 Primary Registration District No. 1003

State File No. 12759
Registrar's No. 3189

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:
St. Louis City Hospital #1 D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 1723
(If outside city or town limits, write "RURAL")
(d) Street No. 1520 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Louis Murray (Buckholz)
(b) If veteran, name war yes, World
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 10,
year 1941 hour 8:30 minute _____ A. M.
21. I hereby certify that I attended the deceased from March
27, 1941 to April 10, 1941
that I last saw him alive on April 10, 1941
and that death occurred on the date and hour stated above.

4. Sex Male D 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Buckholz
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased August 22, 1891
(Month) (Day) (Year)

Immediate cause of death _____
Due to Perforated gastric Ulcer
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Perforated gastric Ulcer
Of operations _____
Of autopsy Peritonitis and gastric Ulcer

8. AGE: Years Months Days If less than one day
49 7 18 hr. min.
9. Birthplace St. Louis Missouri D
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Louis Buckholz
13. Birthplace St. Louis, Mo. D
(City, town, or county) (State or foreign country)
14. Maiden name Augusta Roedner
15. Birthplace St. Louis, Mo. D
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Sophie Sippel
(b) Address 306 Marion St.
17. (a) Burial (b) Date thereof 4/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nat'l. Cemetery Jeff. Bar.
18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.
19. (a) APR 12 1941 (Date received local Registrar)
J. J. Budesh (Registrar's signature)

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? _____ (Specify type of place) (e) Means of injury D
23. Signature L. V. Muehlstein (Specify type of place)
Address 1515 Lafayette Avenue Date signed 4/10/41

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

REF 8 121

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 *W. A. Stewart*.....

Licensed Embalmer No. **3722**.....

P. O. Address **412 Duchouquette St.**.....

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, fact should be so stated above.