

S. No. 2
1-1-441
7. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

115
State File No. 555
Registrar's No.

FILED FEB 24 1947 91

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County _____
(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. Anthony Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)
In this community 46 Years

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. 3444a Gravois Ave. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert J. Buchmueller

3. (b) If veteran, name war No 3. (c) Social Security No. 486-28-3425

4. Sex Male 0 5. Color or race White 1 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sophie 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased August 14 1895
(Month) (Day) (Year)

8. AGE: Years 46 Months 5 Days 2 If less than one day hr. min.

9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Cleaning Business

11. Industry or business _____

MOTHER FATHER

12. Name Louis Buchmueller

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant: Sophie Buchmueller

(b) Address 3444a Gravois Ave.

17. (a) Cremation (b) Date thereof Jan. 19-42
(Burial, cremation, or removal) (Month) (Day) (Year)
Missouri Crematory

18. (a) Signature of funeral director Harry Weale and a fir Co.
(b) Address 3634 Gravois Ave.

19. (a) _____ (b) J. F. Bredsch
(Date filed by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1942 hour 8 minute 13 A.M.

21. I hereby certify that I attended the deceased from Mr. L. J.
1942 to Jan 16 1942
that I last saw him alive on Jan 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to Crown thrombosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none
Of autopsy as above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 _____

23. Signature J. H. Ingram (M. D. or other) MD
Address 3606 Gravois Ave. Date signed 1-16-42

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17
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Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Robert C. Wheeler
Licensed Embalmer No. 2128
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, fact should be so stated above.