

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

8341
Do not use this space.

FILED APR 13 1942

1. PLACE OF DEATH **791**

(a) County..... Registration District No. **1003**

(b) Township..... Primary Registration District No. Registered No. **2767**

(c) City **St. Louis, Mo. 0** (d) Street No. **Missouri Baptist Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mr Fred Bueker**

(a) Residence, No. **Owensville Mo** St. **NR** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fanny Bueker**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day,hrs. ormin.
	49	0	19	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Owensville, Mo. 0**

FATHER

13. NAME **Fred Wm Bueker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER

15. MAIDEN NAME **Lousia Goose**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mrs Fred Bueker**
(ADDRESS) **Owensville, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Removal** DATE **3/29/42**

19. FUNERAL DIRECTOR **Albert H. Hoppe**
(ADDRESS) **4700 Washington**

20. FILED **1942** **J. F. Bredbeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3 - 26 1942**

22. I HEREBY CERTIFY, That I attended deceased from **Mar. 3**, 1942 to **March 26**, 1942

I last saw him alive on **March 26**, 1942. Death is said to have occurred on the date stated above, at **2:40 p.m.**

The principal cause of death and related causes of importance were as follows:

Diagonal Ulcer
"Summary I had yes pain for six years"

Date of onset **?**
Site **Heart**

Other contributory causes of importance: **—**

Name of operation **Gastro-entostomy** of **3-7-42**

What test confirmed diagnosis? **X-ray GI**. Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **—** Date of injury **—**, 19**—**
Where did injury occur? **—**
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury **—**

Nature of injury **—**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify. **John W. Hayward** M. D.
(Address) **Metropolitan Bldg. St. Louis**

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Herford Y. Burnley
Licensed Embalmer No. 42020

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.)