S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16016

Registration District No. 791 FILED JUN 10 1942

Primary Registration District No. 1003

Registrar's No. 4745

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: CITY HOSPITAL D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 HOURS (Specify whether
In this community 16 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 26

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2106 N. 11 ST.
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)

If yes, name country GERMANY

3. (a) PRINT FULL NAME RICHARD BUECKENDORF

3. (b) If veteran, name war NIL

3. (c) Social Security No. 492-05-4944

4. Sex MALE D

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LEONA BUCKENDORF

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased SEPT. (Month) 24 (Day) 1904 (Year)

8. AGE: Years 37 Months 8 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace UNKNOWN (City, town, or county) 4 GERMANY (State or foreign country)

10. Usual occupation BUTCHER

11. Industry or business RUECKERT PACKING CO

FATHER
12. Name RICHARD BUECKENDORF
13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Mrs. Leona Buckendorf
(b) Address 2106 N. 11 ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 30, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20 ST.

19. (a) MAY 30 1942 (Date received local registrar) J. F. Bideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30 year 1942 hour 2 minute 4 A.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 108	
Major findings: Of operations	
Of autopsy	

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 [signature] (M. D. or other)
Address [signature] Date signed 1/30/42

(Licensed Embalmer's Statement on Reverse Side)

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.....Alfred F. Bredeker.....

Licensed Embalmer No.....2663.....

P. O. Address.....5934 Alpha.....

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.