V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22223

State File No.

Registration District No. 84 Primary Registration District No. 115 Registrar's No. 1354

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City, Mo.
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7422 University Drive 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Xavier G. Buehler

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife late Lina G. Buehler 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 28 (Day) 1864 (Year)

8. AGE: Years 77 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Highland (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John G. Buehler
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Magdalena 3
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant E. X. Boeschenstein
(b) Address 3015 Hawthorne Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Ill.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) JUN 23 1942 (Date received local registrar) (b) C. G. McGarvey Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1942 hour 5:15 minute P 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.

Immediate cause of death Natural causes.

Due to Chronic Myocarditis with acute cardiac dilatation.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

Duration

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 Louis H. Bopp (M. D. or other)
Address Kirkwood, Mo. 6/22/42 Date signed

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1942

MAR 30 1943

FEB 9 1943

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 Louis H Bopp, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood 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.