

FILED JAN 15 1943

Registration District No. 184

Primary Registration District No. 101

Registrar's No. 2780

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7735 Mohawk Drive
(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 Mo. (b) County St. Louis

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 7735 Mohawk Drive
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Buehler

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

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

6. (b) Name of husband or wife Jacob Buehler 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Nov. 14, 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business Housewife

MOTHER FATHER { 12. Name ? Dumbeck

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

{ 14. Maiden name ? Weindel

{ 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Freilingsdorf

(b) Address 7735 Mohawk Drive

17. (a) Entombment (b) Date thereof 12/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Mausoleum

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) DEC 30 1942 (b) C. J. Mc Laner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26
year 1942 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from 1/15/55
19... to 12/26/42 19...
that I last saw her alive on 12/26/42 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma lung Duration 6 mos
metastatic

Due to Primary cancer unknown

Due to _____

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

Major findings: no operation

Of operations _____

Of autopsy No 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)

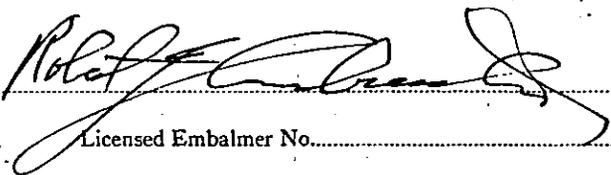
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature DO Beck (M. D. or N.M.D.)
Address Humbolt Bldg. Date signed 12/29/42

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.....

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

P. O. Address.....

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.

SALE OF 1-10