

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

22831

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 7 1943

1818

1005

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **6918**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
2835 Indiana Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether in this community years, months or days)

38 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. 2835 Indiana Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Buechler

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th
year 1943 hour 9:30 PM minute _____ M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife John Buechler

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

7. Birth date of deceased December 7, 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 7 1941 to July 28 1943
that I last saw her alive on July 28 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>52</u>	<u>7</u>	<u>21</u>	hr. _____ min. _____
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Immediate cause of death Pulmonary embolism

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

Due to Cardiac Decompensation 2 wks

10. Usual occupation At home

Due to Hypertensive heart disease + chronic myocarditis 10 years

11. Industry or business _____

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

12. Name Michael Ludwig

Major findings: 9/2

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

14. Maiden name Elizabeth Bone

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

16. (a) Informant Mr Frank M. Mirkey

(b) Address 2827 Indiana Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) J. F. Budeak (Registrar's signature)
(Date received local registrar)

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 Geo. A. Seiler (M. D. or other) _____

Address 7323 Lafayette Ave Date signed 7/29/43

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

MOTHER FATHER

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 Harold G. Burnley

Licensed Embalmer No. 4202

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.