

FILED JAN 3 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11424**

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Edgar Springs
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Eli Buffer

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

7. Birth date of deceased Nov. 4 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 15 hr. min.

9. Birthplace Edgar Springs Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Fredrick Buffer

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

14. Maiden name Marjorie Korn

15. Birthplace Edgar Springs Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. P. Widener

(b) Address 6952 Bradley St.

17. (a) Burial (b) Date thereof 12-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgar Springs, Mo.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) 318 (b) D. F. Fredrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1943 hour 4 P minute M.

21. I hereby certify that I attended the deceased from Dec 9
1943 to 12-19, 1943
that I last saw h.e. alive on 12-19-43, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia

Due to Cerebral Thrombosis

Due to 80

Other conditions (include pregnancy within 3 months of death) 80

Major findings: Of operations
Of autopsy

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) (c) Means of injury
Signature P. B. Casper, M.D. (M. D. or other) MD
Address 3284 Franklin Ave Date signed 12-20-43

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 W. W. Wilkins
Licensed Embalmer No. 3575
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.