No. 2
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 124

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 787

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: Missouri Baptist Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 17

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 5

(d) Street No. 5927a Etzel Ave., (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE ANDREW BUHRLE.

3. (b) If veteran, name war

3. (c) Social Security No. 488-18-1292

4. Sex Male.

5. Color or race White.

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

6. (b) Name of husband or wife Maude Louise Buhrle.

6. (c) Age of husband or wife if alive 57. years

7. Birth date of deceased April (Month) 26 (Day) 1871. (Year)

8. AGE: Years 72. Months 8. Days 29. If less than one day hr. min.

9. Birthplace Alton, (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation Retired: Comm of Supplies

11. Industry or business A. Leschen Sons Rope Co.

FATHER 12. Name Andrew Buhrle.

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

MOTHER 14. Maiden name Frederica (Unknown).

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

16. (a) Informant Mrs Maude L. Buhrle.

(b) Address 5927a Etzel Ave.,

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 1/27/44. (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) JAN 26 1944 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan'y day 25th, year 1944. hour 1:10 minute A. M.

21. I hereby certify that I attended the deceased from Dec 15 1941, to Jan 24 1944; that I last saw him alive on Jan 24 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 2 days

Due to Carcinoma of Prostate

Due to

Other conditions *(Includes pregnancy within 3 months of death)

51

Major findings: Of operations Carcinoma of Prostate

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 J. E. Slemmons (M. D.)

Address 958 Arcade Bldg Date signed Jan 25/44.

(Licensed Embalmer's Statement on Reverse Side)

Dr Joseph E. Glenn.
Arcade Bld'g.,
CH: 7040.
10 - 1.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - M

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.