V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#2196

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32106

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 886

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days 0
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 Montgomery
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Otto Buehl
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 15 (Day) 1877 (Year)
8. AGE: Years 67 Months 3 Days 27 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Cabinet Maker
11. Industry or business Self
MOTHER FATHER
12. Name August Buehl 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Augusta Rexhouser
15. Birthplace 4 Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Frances Giebe
(b) Address 3515 Dodier St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany
18. (a) Signature of funeral director Archman Hartal
(b) Address 1605 Union Blvd.
19. (a) OCT 10 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th year 1944 hour 11:20 minute P M.
21. I hereby certify that I attended the deceased from 10/4/44, 19..., to Oct. 7th, 1944, that I last saw him alive on Oct. 7th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute peritonitis - generalized due to —
Due to: Perforated diverticulum of the urinary bladder
Due to: Phelgtic Sleep
Other conditions (Include pregnancy within 3 months of death): —
Major findings: Of operations: —
Of autopsy: As Above.

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 N. J. Bublis (M. D.)
Address 1515 Lafayette Date signed 10/9/44

(Licensed Embalmer's Statement on Reverse Side)

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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

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.