

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____

FILED NOV 10 1944

318

Primary Registration District No. _____

Registrar's No. 9220

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:
Vacant Lot - Delor & Pennsylvania
(If not in hospital or institution, write street and number or location)

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

In this community 68 years 3
(Specify whether years, months or days)

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. 5523a Tennessee
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Adolph J. Bueker

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 Widowed

6. (b) Name of husband or wife Mrs. Lisette Bueker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 5, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation Foreman - Shoe Factory

11. Industry or business Shoe Manufacturers

MOTHER FATHER { 12. Name Unknown Bueker

13. Birthplace France 5
(City, town, or county) (State or foreign country)

14. Maiden name Celestina Unknown

15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Paul
(b) Address 5523a Tennessee

17. (a) Burial (b) Date thereof Nov. 1, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) OCT 31 1944 J. J. Bredich
(Date received local authority) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1
year 1944 hour 1 minute 14 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis
General arteriosclerosis

Due to _____

Due to 94 a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature W. J. Bredich (M, D, or other) _____
Address 1936 St. Louis Avenue Date signed 10/31/44

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

1669

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.....

No embalming..... Registered Apprentice No. *2574*
working under my personal supervision.

[Signature]

Signed..... *[Signature]*

Licensed Embalmer No. *3737*

P. O. Address *1936 N. Louis Ave*

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.