S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11052

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4037

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2019 So. Grand Boul. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 617
(d) Street No. 2019 South Grand Boul. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ferdinand Bucher
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife Maria
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 25 (Day) 1864 (Year)

8. AGE: Years 80 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Switzerland (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Johanna Bucher
(b) Address 2019 So. Grand Boul.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1945. (Month) (Day) (Year)
(c) Place: burial or cremation New S S Peter & Paul Cem.
18. (a) Signature of funeral director Wacker Helderle
(b) Address 3634 Gravois Ave.
19. (a) MAY 7 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1945 hour 2 minute 10 A. M.
21. I hereby certify that I attended the deceased from Oct. 1944 ~~May 6th~~, 1945 to May 6th, 1945 that I last saw him alive on May 6th, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 days
Due to	
Due to	
Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)	7

Major findings:
Of operations
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 [signature] (M. D. or other)
Address 5428 Magnolia Date signed 5/7/45

(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 Frank J. Hyland

Licensed Embalmer No. 2645

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.