

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16847

State File No.

FILED JUN 12 1945

Registration District No.

Primary Registration District No. 54394189

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rosebud
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)
In this community all her life years, months or days

3. (a) PRINT FULL NAME DORA-BUERER

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Geo. J. Buchner 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased June 7 1867 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 23 hr. min.

9. Birthplace Gerald Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Christian Goedeke

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

14. Maiden name Unknown

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

16. (a) Informant Hugo Buchner

(b) Address Rosebud Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-4 (Month) (Day) (Year)

(c) Place: burial or cremation Rosebud M.E. Cemetery

18. (a) Signature of funeral director E. J. Meyer

(b) Address Gerald Mo

19. (a) June 5 1945 (Date received by registrar) (b) Myrtle M. Wenkel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade
(c) City or town Rosebud Mo 17
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1945 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from 1937 to May 1, 1945
that I last saw her alive on May 1, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: none
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) (e) Means of injury

23. Signature Charles A. Schmidt (M. D. or other)

Address Gerald Date signed 6:20

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-11-45

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 me
..... Registered Apprentice No.
working under my personal supervision.

Signed.....

Robert M Murray

Licensed Embalmer No. 3749

P. O. Address Quensville, 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.