. S. No. 2
0M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31404

State File No. 0

FILED SEP 29 1945

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2276

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

16
2
3

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital 0
(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:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington 6
(If outside city or town limits, write "RURAL")

(d) Street No. 8th & High St. 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Louis D. Bueker

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 493-05-8028

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Melba Bueker

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Sept. 14th, 1945
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
36	0	8	hr. min.

9. Birthplace Washington, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Signalman

11. Industry or business

FATHER
12. Name Edward Bueker
13. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Steuteramm
15. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Melba Bueker
(b) Address 8th & High, Washington, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/24/45
(Month) (Day) (Year)
(c) Place: burial or cremation Burial Washington M.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Ave. St. Louis

19. (a) 9-25-45 (Date received local registrar) (b) E. G. McGarrow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd
year 1945 hour 4 minute 55 p.M.

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

Immediate cause of death Electrocution while working on signal wiring on a pole of Missouri Pacific R.R.

Due to Accident

Due to 193

Other conditions 40
(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) Accident

(b) Date of occurrence Sept. 22, 1945 96

(c) Where did injury occur? Eureka, St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On pole, Mo. Pac. R.R. R. of W.
(Specify type of place)

While at work? Yes (e) Means of injury Elec. Burn.

23. Signature Arnold J. Willmann (M.D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 1945

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. W W Wilkinson

Licensed Embalmer No. 3576

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..