

No. 2  
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5-17-39  
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FILED JAN 25 1946 STANDARD CERTIFICATE OF DEATH

State File No. 503  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or town 5315 Devonshire Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 147  
(d) Street No. 5315 Devonshire Ave. (If rural, give location) 9  
(e) Citizen of foreign country? (Yes or No) 2  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14  
year 1946 hour 2 minute 0 P.M.

21. I hereby certify that I attended the deceased from Dec 21, 1945 to Jan 5, 1946;  
that I last saw him alive on Jan 5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
~~Myocardial degeneration~~

Due to Myocardial Degeneration and Congestive Heart Failure  
Due to Hypertensive Heart Disease w/ Myocardial Degeneration  
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.

3. (a) PRINT FULL NAME William G. Buchheit

3. (b) If veteran, name war  
3. (c) Social Security No. 493-20-5019

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Buchheit  
6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 28 1883  
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 16  
If less than one day hr. min.

9. Birthplace Buffalo New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

12. Name Charles Buchheit

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

14. Maiden name Anna Rowe

15. Birthplace Fargo N. Dakota  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Buchheit

(b) Address 5315 Devonshire Ave.

17. (a) Cremation (b) Date thereof 1-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Cullinane Bros.  
(b) Address 3320 N. Kingshighway Blvd.

19. (a) JAN 16 1946 (b) J. F. Bredak (Registrar's signature)  
(Date received local registrar)

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 Julius Jensen (M. D. or other) MD  
Address 3700 Grand Ave. S.W. Date signed 1/16/46  
Jensen

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

2040

**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.....

*Fred Truck*

Licensed Embalmer No. **3186**

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.**