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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1946
Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38210
State File No. _____
Registrar's No. 3254

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay
(c) Name of hospital or institution:
Route #9 Box #330
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME Elizabeth Buchholz
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 Married
6. (b) Name of husband or wife Carl
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April 17 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 19 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9
13. Birthplace " _____ 1
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name " _____ 9
15. Birthplace " _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Buchholz
(b) Address R #9 Bx #330 Lemay, Mo.

17. (a) Burial (b) Date thereof 11/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave

19. (a) 11-8-46 (b) Auth. Green
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Lemay
(d) Street No. Route #9 Box #330
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6
year 1946 hour _____ minute _____ 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 strangulation by ligature, body found hanging in basement of her home
Duration _____

Due to _____
Due to 164 a

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Asphyxia
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) Suicide
(b) Date of occurrence Nov. 6, 1946
(c) Where did injury occur? Oakville, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place) _____
(e) Means of injury Strangulation
23. Signature Amabel J. Willmann Coroner 3
Address Clayton, Mo. Date signed 11/8/46

STATEMENT BY LICENSED EMBALMER

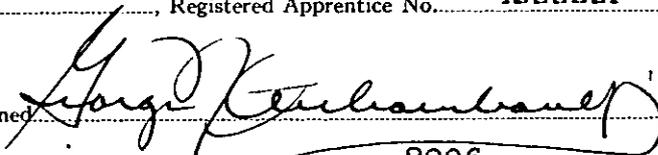
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

, Registered Apprentice No. XXXXXX

working under my personal supervision.

Signed



Licensed Embalmer No. 2906

P.O. Address 7128 Michigan 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.