

No. 2
12-45
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18664

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5303

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

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 institution: City Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 mos. 26 ds.
In this community 66 yrs.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME AUGUST BUENEMANN

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

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced Widower, 2

6. (b) Name of husband or wife Daisy Buenemann 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 25, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	81	1	2	hr. _____ min. _____

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Planing mill supervisor 1

11. Industry or business _____

12. Name William Buenemann 4

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unkn. 4
(City, town, or county) (State or foreign country)

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Sengler
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 5-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director Witt Bros. L & Co.
(b) Address 2939 S. Jefferson Av.

19. (a) MAY 28 1947 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5059 Pernod Ave 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
14
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1947 hour 11.00 minute A. M.

21. I hereby certify that I attended the deceased from July
1, 1946 to May 27, 1947.
that I last saw h. im alive on May 27, 1947:
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 6 ds.

Due to Arteriosclerosis, generalized advanced 7/1/46x.

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy As above

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? _____

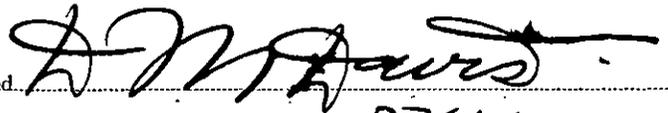
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul T. Hartman (M. D. or other) 0
Address 5400 Arsenal St. Date signed _____

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.....



Licensed Embalmer No.....

3741

P. O. Address.....

2929 Jefferson Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Signature to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.