7. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22105

Registration District No. 72254 318

Primary Registration District No. 1003

Registrar's No. 5899

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 5190 Cabanne Ave. 9 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM BUEHLER

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

6. (a) Single, married, widowed, divorced married 1

6. (b) Name of husband or wife Elizabeth Buehler

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July (Month) 5th (Day) 1872 (Year)

8. AGE: Years 74 | Months 11 | Days 12 | If less than one day hr. min.

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

10. Usual occupation Barber

11. Industry or business

FATHER 12. Name Conrad Buehler

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

MOTHER 14. Maiden name Unknown

15. Birthplace Switzerland 5 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Buehler

(b) Address 5190 Cabanne Ave.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-19-47 (Month) (Day) (Year)

(c) Place: burial or cremation Carlyle, Illinois

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Blvd.

19. (a) JUN 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th year 1947 hour 1:50 minute A M.

21. I hereby certify that I attended the deceased from 6/10/47, 19, to June 17th, 19 47; that I last saw him alive on June 17th, 19 47; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Bronchopneumonia 4 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John J. Skinner (M. D. or other)

Address 1515 Lafayette 6/17/47 Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) JOHN J. SKINNER

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 Ralph C. Linders

Licensed Embalmer No. 4275

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.