FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35554

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9388

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)

In this community

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") 17

(d) Street No.: 3929 N. Taylor Ave (If rural, give location) 4

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

If yes, name country

3. (a) PRINT FULL NAME: Edward C. Buchholtz

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Ida K. Buchholtz

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: November (Month) 11 (Day) ~~1874~~ 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
~~72~~ 71	10	28	hr. min.

9. Birthplace: New Haven Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Machinist

11. Industry or business: Scullin Steel Co

12. Name: Henry Buchholtz

13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Mrs Ida K. Buchholtz

(b) Address: 3929 N. Taylor Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 11 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

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

(b) Address: 4828 Nat Bridge Blvd

19. (a) OCT 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

Corr by affd Hc Stalk 12-18-47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9 year 1947 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Oct 8 1947 to Oct 9 1947 that I last saw him alive on Oct 8 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemo-Pericardium	
Due to: Dissecting Aneurysm aorta	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autops: Above

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: 0

23. Signature: (M. D. or other)

Address: 539 N Grand Date signed: 10/10/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

take certificate to Coroner (D. Kerry to O.K.

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

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

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

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 9388

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth death
for Edward C. Buchholtz died ~~born~~ 18-9-47, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. ~~6~~ should read .....
Instead of .....

Item No. 7 should read Nov. 11-1875
Instead of 1874

Item No. 8 should read age 71
Instead of 72.

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ralph C. Lindsey funeral dir.
Relationship.

4828 Nat. Bridge
Present Address.

Subscribed and sworn to before me this 24 day Oct, 1947

My Commission expires 3-4-49 Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
5M—4-43
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