

FILED DEC 22 1947
Registration District No. **3477**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: O. Sullivan Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County row

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

(d) Street No. 5246 Plover
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Alvina Buechler

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 Widow 2

6. (b) Name of husband or wife Late George H. Buechler

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

7. Birth date of deceased Sept. 21, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>2</u>	<u>23</u>hr.min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

12. Name Julius Brand

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

14. Maiden name.....

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

16. (a) Informant Oliver Buechler

(b) Address 5246 Plover

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

(c) Place: burial or cremation Memorial Park Cem

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

(b) Address 4828 Nat. Bridge Blvd

19. (a) 12-16-47 (b) Gene A. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
year 1947 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 10, 1947 to December 14, 1947
that I last saw her alive on Dec. 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day

Due to arteriosclerotic myocarditis 93d 3 yrs.

Due to.....

Other conditions bronchial asthma
(Include pregnancy within 3 months of death)

Major findings: emphysema

Of operations.....

Of autopsy.....

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?..... (g) Means of injury U

23. Signature Lewis L. Lutherman (M. D. or other) M.D.
Address 8231 Clayton Rd Date signed 12/15/47

PHYSICIAN
Underline the cause of which death should be charged statistically.

8231. Clayton Rd
No. 0202
3-5-

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 Royce C. Linder
Licensed Embalmer No. 4225
P. O. Address 412 L

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.