

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(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:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME LILLIE BUFF

3. (b) If veteran, name war NONE

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 JOHN BUFF

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased SEPT. 13 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace FRANKLIN CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business NONE

12. Name W.M. WISBY

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

14. Maiden name SARAH ?

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

16. (a) Informant LEONARD BUFF

(b) Address 2709 & RUSSELL BLVD

17. (a) BURIAL (b) Date thereof 2/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS CEM.

18. (a) Signature of funeral director Edward J. Bredack

(b) Address 393 N. 20 ST

19. (a) FEB 4 - 1948 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 020

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

(d) Street No. 2709 & RUSSELL BLVD
23 (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13rd
year 1948 hour 11 minute 42 PM.

21. I hereby certify that I attended the deceased from 1/27/48
_____, 19____, to Feb. 3rd, 1948;
that I last saw her alive on Feb. 3rd, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Ht. Failure -

Due to Pulmonary, acute, Noncalculous cystitis acute - Catarrhal

Due to arteriosclerotic Heart Disease Semilobed

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

Major findings: 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? _____

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

23. Signature J. F. Bredack 2/3/48 M. D. or other _____
Address 1915 Lafayette Date signed _____

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

MOTHER FATHER

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.....

Neville R. Kishewetter

Licensed Embalmer No. *3696*

3934 N. 20th St.

P. O. Address.....

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.