

00
17
39
906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 14 1948
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21664**
Registrar's No. **1592**

Registration District No. **317** Primary Registration District No. **6026**

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: 5306 Gladstone
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis **96**
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 5306 Gladstone
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Melvin August Buk
3. (b) If veteran, name war --- 3. (c) Social Security No. 489-01-1988

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Ochs Buk 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased July 27th 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 10 30 hr. min.

9. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Auditor
11. Industry or business Shoe manufacturing

MOTHER FATHER
12. Name Emanuel Buk
13. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Alma Poser
15. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Buk
(b) Address 5306 Gladstone, Normandy, Mo.
17. (a) Burial (b) Date thereof June 29, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F. HOME, INC.
(b) Address 1936 St. Louis Avenue
19. (a) 6-28-48 (b) Carroll J. Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 26th
year 1948 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from 6-2-48 to 6-25-48
that I last saw him alive on 6-25-48
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 mo.
Due to Coronary atherosclerosis 3 mo.
Due to 94a
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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) (c) Means of injury
23. Signature Dr. H. Buker (M. D. or other)
Address 340 Date signed 6-27-48

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

Dr. G. H. Klinkerfuss
340 Bermuda EV 4940
9 - 11,

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 Neal H. Raubon

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis Ave

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.