U. S. No. 300
50M—10-47
Rev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37932
Registrar's No. 9988

FILED DEC 2 1948

Registration District No. 318

Primary Registration District No. 1003

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

9436 Gravois Ave

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. Anthony's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Affton 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.8 Tesson Ferry Road 0
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Karolina Buehner

3. (b) If veteran, name war ***** 3. (c) Social Security No. *****

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Christian Buehner 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 9th. 1880 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	68	5	5	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Andrew Wasem 11
13. Birthplace Germany (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name ??? Liebrock
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Christian Buehner
(b) Address Tesson Ferry Rd. Affton Mo R.R.8

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave

19. (a) NOV 17 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day November year 1948 hour 9:35 minute P. M.

21. I hereby certify that I attended the deceased from 10-20, 1948, to 14 Nov, 1948 that I last saw her alive on 14 Nov, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac failure (Right sided heart failure	4 hr
Due to Coronary heart disease	5 yrs
Due to Generalized arteriosclerosis senile	7 yrs
Other conditions (Include pregnancy within 3 months of death) Diabetes mellitus	5 yrs

Major findings:
Of operations None 61
Of autopsy the same as above

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature W. W. Forsman (M. D. ~~or other~~)
Address 9436 Gravois Date signed 11-6-48

(Licensed Embalmer's Statement on Reverse Side)

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.