

S. No. 300  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37934  
9702  
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Little Sisters of Poor 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14-years  
(Specify whether  
In this community 74 years  
years, months or days)

3. (a) PRINT FULL NAME Amelia Buelتمان  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2  
(b) Name of husband or wife William Buelتمان 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased May 23rd., 1860  
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 13 If less than one day hr. min.

9. Birthplace New Orleans La. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER  
12. Name Louis Winter 9  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa Mason  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Paul S. Winter  
(b) Address 18 Countryside Lane

17. (a) Burial (b) Date thereof 11-9-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine  
18. (a) Signature of funeral director [Signature]  
(b) Address 3840 Lindell Blvd.  
NOV 8 1948

19. (a) (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 9  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3225 N. Florissant Ave. 1)  
20 (If rural, give location)  
(e) Citizen of foreign country? 20 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 6th.,  
year 1948 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from  
November 1 1948 to November 7 1948  
that I last saw her alive on November 6 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Senility  
Duration ???

Due to

Due to

Other conditions: None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations

Of autopsy: None  
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? (Specify type of injury)

23. Signature: [Signature] (M. D. or other)  
Address: 2835 N. Grand Blvd. Date signed 11-8-48

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**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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**