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0.48

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17125
Registrar's No. 4111

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Hill City	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 9646 Manchester	

3. NAME OF DECEASED (Type or Print) a. (First) Leonard b. (Middle) Marshall c. (Last) Buermann			4. DATE OF DEATH (Month) (Day) (Year) 5-5-1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-19-1913	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Own Auto Shop		11. BIRTHPLACE (State or foreign country) Rock Hill Mo		12. COUNTRY OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Buermann		13b. MOTHER'S MAIDEN NAME Christina McJinnis		14. NAME OF HUSBAND OR WIFE Evelyn Buermann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Evelyn Buermann Rock Hill Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal & External hemorrhage following gunshot wound following abdominal inflexion at the base of a "hold up" bandit (b) (unknown) in a tavern located at 5102 St Louis Ave, around 1136 pm May 4 1949		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Homicide at the hands of Party Unknown		20. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) 1st floor	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo Ill	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 4 1949 1136 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E Taylor Coroner		23b. ADDRESS 1300 Oak		23c. DATE SIGNED 5-6-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-9-1949	24c. NAME OF CEMETERY OR CREMATORY Ladawood Park Bur	24d. LOCATION (City, town, or county) (State) St Louis Mo		

DATE REC'D BY LOCAL REG. MAY 9 1949	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schaefer Funeral Home Ballwin Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 20 1952

FEB 23 1954

JUL 1 1953

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ronald O Yahnke

Licensed Embalmer No. *2917*

P. O. Address *Therapist 10*

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.