

No. 300
10. 48

FILED AUG 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23892

State File No.

Registrar's No. 32 (33)

BIRTH NO.		REG. DIST. NO. 159		PRIMARY REG. DIST. NO. 4249		Registrar's No. 32 (33)	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Mo			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro		c. LENGTH OF STAY (in this place) 3 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION Colon Grove Nursing Home				g. STREET ADDRESS (If rural, give location) 6919 Alabama			
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle)		c. (Last) BUEHLER		4. DATE OF DEATH (Month) (Day) (Year) July 21 1949	
5. SEX M O		6. COLOR OR RACE No		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Apr 11, 1869	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work during past working life, or retired) Retired Beer Bottler		10b. KIND OF BUSINESS OR INDUSTRY Brewery		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Olge Schimer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY 488-18-8864		17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Kelling 6919 Alabama St. Louis, 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					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, chronic, with auricular fibrillation				INTERVAL BETWEEN ONSET AND DEATH 3 months	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis of coronary arteries				?	
		DUE TO (c) Senility with mental deterioration				July 21 1 year	
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 1948, to July 21, 1949, that I last saw the deceased alive on July 20, 1949, and that death occurred at 1:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.				23b. ADDRESS 16 Boyd St., Delato, Mo.		23c. DATE SIGNED 7-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 23 1949		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. 7-24-49		REGISTRAR'S SIGNATURE Richard M. Nardone		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister W.S. Co. St. Louis Mo			

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

(Licensed Embalmer's Statement on Reverse Side)

ready to death

RECEIVED
8-3-49
District Health Officer No. 9,
District File Number

AUG 4 1949

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.

Signed _____

Donnell B. Dietrich

Signed _____
Student Embalmer

Licensed Embalmer No. *4104*

P. O. Address _____

Delato me

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.