

No. 300
No. 48

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24656

318

1003

State File No.

Registrar's No. 6404

BIRTH NO. _____			REG. DIST. NO. _____			PRIMARY REG. DIST. NO. _____			State File No.				
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 OR TOWN St. Louis)				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				7			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5564 St. Edwards Ave.						d. STREET ADDRESS (If rural, give location) 5564 St. Edwards Ave.							
3. NAME OF DECEASED (Type or Print) a. (First) Anna			b. (Middle) Nora			c. (Last) Buelt			4. DATE OF DEATH (Month) (Day) (Year) July. 23, 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May. 8, 1869		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 2 Days 15			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Perryville Missouri			12. CITIZEN OF WHAT COUNTRY? U. S.				
13a. FATHER'S NAME Layton				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Bernard Buelt					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME Ann Buelt			ADDRESS 5564 St. Edwards Ave.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.						MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Age, asthma DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension						INTERVAL BETWEEN ONSET AND DEATH Months	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION no 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) 46								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 139X									
22. I hereby certify that I attended the deceased from July 5, 1949 , to July 27, 1949 , that I last saw the deceased alive on July 27, 1949 , and that death occurred at 3:30 A.M. , from the causes and on the date stated above.													
23a. SIGNATURE G. H. Russell M.D. (Degree or title) _____						23b. ADDRESS 1259 N. Kingshighway			23c. DATE SIGNED 7-28-49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 25, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) St. Louis Missouri (State) _____							
DATE REC'D BY LOCAL REG. JUL 23 1949			REGISTRAR'S SIGNATURE J. B. Lavater			FUNERAL DIRECTOR'S SIGNATURE W. H. Stewart			ADDRESS 1225 Union				

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

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 Clement McCreary

Signed.....
Student Embalmer

Licensed Embalmer No. 3732

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.