

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **42327**
11152
 Registrar's No. _____

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 Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Lemay	
d. FULL NAME OF HOSPITAL OR INSTITUTION Josephine Heitkamp		d. STREET ADDRESS (If rural, give location) N.R. 412 Wachtel	

3. NAME OF DECEASED (Type or Print) a. (First) Alice	b. (Middle) Buechlein	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) Dec. 25 1949
--	------------------------------	-----------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 11, 1880	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? D

13a. FATHER'S NAME Henry Schrader	13b. MOTHER'S MAIDEN NAME Margaret Leader	14. NAME OF HUSBAND OR WIFE John
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Anna Switzer ADDRESS 6943 Vermont

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, ashenia, 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) Bowel Obstruction (ileum)		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bile Reinitis		3 weeks
DUE TO (c) Ruptured Gall Bladder		3 weeks	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Obstruction of ileum			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION. Gangrenous ruptured Gall Bladder	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) 127 (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 985X

22. I hereby certify that I attended the deceased from **Dec 20, 1949**, to **Dec 25, 1949**, that I last saw the deceased alive on **12/27, 1949**, and that death occurred at **2:20 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Oliver J. Tanner M.D.	23b. ADDRESS 7019 Grey	23c. DATE SIGNED 12/27/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-28-1949	24c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard
24d. LOCATION (City, town, or county) St. Louis Co. Mo.		

DATE REC'D BY LOCAL REG. DEC 28 1949	REGISTRAR'S SIGNATURE J. B. Lassiter	25. FUNERAL DIRECTOR'S SIGNATURE Jes. P. Fendler Jr. ADDRESS 7128 Michigan
---	---	--

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.

Student
Student Embalmer

Signed

Clarence Pachow

Licensed Embalmer No. 3093

P. O. Address 7128 Michigan

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.