

FILED JAN 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42328

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

State File No.

11157

Registrar's 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 township) OR TOWN Saint Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
c. LENGTH OF STAY (in this place) 1 Week		d. STREET ADDRESS (If rural, give location) 4474 Clarence Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Lukes Hospital			
3. NAME OF DECEASED a. (First) Minnie		b. (Middle) L.	
c. (Last) Buehlmann		4. DATE OF DEATH (Month) (Day) (Year) Dec. 24th, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 11th, 1883
9. AGE (In years last birthday) 66		10. MONTHS 10	11. DAYS 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Blomberg	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Julius Buehlmann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Julius Buehlmann, 4474 Clarence Avenue		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH 7 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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) 8302			
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? 331X			
22. I hereby certify that I attended the deceased from 12-17, 1949, to 12-24, 1949, that I last saw the deceased alive on 12-14, 1949, and that death occurred at 10:45 m., from the causes and on the date stated above.			
23a. SIGNATURE J. B. Pasater - M.D.		23b. ADDRESS 4943 Nat'l Bridge Blvd	
23c. DATE SIGNED 12/25/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/28/49	
24c. NAME OF CEMETERY OR CREMATORY Saint Johns Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County; Missouri	
DATE REC'D BY LOCAL REG. OFF. DEC 28 1949		REGISTRAR'S SIGNATURE J. B. Pasater	
25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.		ADDRESS	

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

Cu. 2787

V. 8-0329

M.C. 3083

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

Royce W. Linder

Licensed Embalmer No. 4225

P. O. Address *St. Louis, Mo.*

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.