

No. 38
10.48

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7117
Registrar's No. 572

317

6076

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	Registrar's No.	
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>rural Baden Station</i>		c. LENGTH OF STAY (in this place) <i>25 years</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>rural Baden Station</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis State Training School</i>			d. STREET ADDRESS (If rural, give location) <i>Bellevue & Hall Road</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Helen</i>		b. (Middle)		c. (Last) <i>Buechler</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>March 5 1950</i>		5. SEX <i>female</i>		6. COLOR OR RACE <i>white</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>Nov. 4 1873</i>		9. AGE (in years last birthday) <i>76 yrs</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
12. CITIZEN OF WHAT COUNTRY? <i>Germany</i>		13a. FATHER'S NAME <i>unknown</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>	
14. NAME OF HUSBAND OR WIFE <i>John Buechler</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Records of St. Louis State Training School</i>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 yrs</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Imbecile</i>			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>4-2-2-2</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 <i>Nov. 10, 1925</i> , to <i>March 5, 1950</i> , that I last saw the deceased alive on <i>March 4, 1950</i> , and that death occurred at <i>6:27 a.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Edward P. Wynn, M.D.</i>		(Degree or title)		23b. ADDRESS <i>St. Louis State Training School</i>	
23c. DATE SIGNED <i>3/5/50</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3-8-50</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Friedens Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>Mar 6 1950</i>		REGISTRAR'S SIGNATURE <i>Bernbert W. Doube</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Math Hermann & Son, Inc. 2161 E. Fair Ave.</i>	

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.....

Homer W. Jantz

Licensed Embalmer No. *3882*

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.