

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20714

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 53

0500

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

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RIEUREKA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>6 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>1367A HODIAMONT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERAMEC TOWNSHIP</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>LEROY</u> c. (Last) <u>BUEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 25 1950</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED—DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>AUG. 10 1937</u>	9. AGE (In years last birthday) <u>12</u> MONTHS <u>10</u> DAYS <u>15</u>	IF UNDER 1 YEAR IF UNDER 4 HRS. IF UNDER 15 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>	11. BIRTHPLACE (State or foreign country) <u>ST LOUIS, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Claude L. Buel</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie A. Bennett</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MRS FAY KUNDERT</u> ADDRESS <u>911A PENROSE ST ST LOUIS MO</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DROWNING</u>		INTERVAL BETWEEN ONSET AND DEATH <u>59298</u> <u>42</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Big River</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MERAMEC TOWNSHIP JEFFERSON MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JUNE 25 1950 4<sup>PM</sup></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accidentally</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to JUNE 25, 1950 that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Naniel J. Mahubra</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>De Soto, Mo.</u>	23c. DATE SIGNED <u>6/25/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/29/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Charleston Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston Ill</u>
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DATE RECD BY LOCAL REG. <u>6/26/50</u>	REGISTRAR'S SIGNATURE <u>Mrs Ruth Jirsa</u> <u>438</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. F. Stuart &amp; Sons</u> ADDRESS <u>1225 Union Blvd St Louis MO</u>
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Car J. Brimmer (Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED 7-3-50

JUL - 6 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Clement McHenry*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3732

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.