

THE DIVISION OF HEALTH OF MISSOURI  
FILED AUG 10 1950 STANDARD CERTIFICATE OF DEATH

State File No. **24609**  
**6472**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1000** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS MO</b>		2. USUAL RESIDENCE OF DECEASED BEFORE DECEASED LIVED. If institution: residence before admission. a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>FESTUS 0501</b>	
c. LENGTH OF STAY (in this place) <b>3 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>926 MAIN 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERY HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b> b. (Middle) <b>BUECHTING</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 25 1950</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APRIL 19, 1893</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>6</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PLUMBER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PLUMBER</b>		11. BIRTHPLACE (State or foreign country) <b>ANTONIA MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>WILLIAM BUECHTING</b>		13b. MOTHER'S MAIDEN NAME <b>EMELIA VERGER</b>		14. NAME OF HUSBAND OR WIFE <b>DEC.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>EARL BUECHTING KIMMSWICK MO</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart disease, Pulmonary edema.</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial damage</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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>no</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>no</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H&amp;H 2</b>
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22. I hereby certify that I attended the deceased from **7/23**, 19 **50**, to **7/25**, 19 **50**, that I last saw the deceased alive on **7/23**, 19 **50**, and that death occurred at **11:45** a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. J. Seligson</b>	(Degree or title)	23b. ADDRESS <b>Herculaneum, Mo</b>	23c. DATE SIGNED <b>7/26/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JULY 28 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BURGESS</b>	24d. LOCATION (City, town, or county) (State) <b>ANTONIA MO</b>
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DATE REC'D BY LOCAL REG. <b>JUL 28 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Sasator</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>HEILIGTAD FUNERAL HOME</b>	ADDRESS <b>KIMMSWICK MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

64712

**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.....

*Van M. Sigemore*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.