

FILED OCT 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34634
Registrar's No. 8666

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital		d. STREET ADDRESS (If rural, give location) 15 4241a Chippewa St.	

3. NAME OF DECEASED (Type or Print) a. (First) PETER	b. (Middle) F.	c. (Last) BUCHERT	4. DATE OF DEATH (Month) (Day) (Year) Oct. 11 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED/(Specify) Married	8. DATE OF BIRTH March 23, 1898	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Manager—Meyer Bros. Drug Co.	10b. KIND OF BUSINESS OR INDUSTRY Belleville, Ill.	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Philip P. Buchert	13b. MOTHER'S MAIDEN NAME Margaret Dinges	14. NAME OF HUSBAND OR WIFE Ruth D. Buchert
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ruth D. Buchert	ADDRESS 4241a Chippewa St.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Peritonitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Spleenic Flexure of Colon</u>			<u>3 yrs.</u>
	DUE TO (c) <u>Intestinal Obstruction</u>			<u>2 wks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION 10/4/50	19b. MAJOR FINDINGS OF OPERATION Ca of Colon c direct involvement of Spleen - Intestinal Obstruction	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 10/11/50 9:00 AM	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 153X
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22. I hereby certify that I attended the deceased from 9/13, 1950, to 10/11, 1950, that I last saw the deceased alive on 10/11, 1950, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Luster</u>	(Degree or title) M.D.	23b. ADDRESS 7430 Virginia Ave	23c. DATE SIGNED 10/13/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 14, 1950	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. OCT 13 1950	REGISTRAR'S SIGNATURE <u>J. B. Luster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	ADDRESS 4228 S. Kingshighway Bl.
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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 *William B White*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4291*.....

P. O. Address *4228 Highway*.....

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.