

FILED NOV 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38321

318

1003

9373

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. 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 ST. LOUIS MO		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS. Hosp. 23		d. STREET ADDRESS (If rural, give location) 2649 CALIFORNIA			
3. NAME OF DECEASED (Type or Print) a. (First) GREGORY F. b. (Middle) BUEHNE c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov. 7 1950			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 27 1910	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY BANNER STAMPCO	11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME BERNARD BUEHNE		13b. MOTHER'S MAIDEN NAME THERESA FUNKE		14. NAME OF HUSBAND OR WIFE RUTH BUEHNE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS, RUTH BUEHNE 2649 CALIFORNIA	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac dilatation			INTERVAL BETWEEN ONSET AND DEATH 1 day.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Pneumonitis acute both lungs			
		DUE TO (c) Vincent's Angina + Quain's tubercle			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? OTOX		

22. I hereby certify that I attended the deceased from **Sept 29, 1950**, to **Nov. 7, 1950**, that I last saw the deceased alive on **Nov. 2, 1950**, and that death occurred at **9:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Joseph Lubinski		23b. ADDRESS 2767 Garvin		23c. DATE SIGNED 11-4-50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Nov 6 1950	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. NOV 5 1950	REGISTRAR'S SIGNATURE J.B. Sasser	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kulis 2906 Garvin		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 2 1906

W. R. ...
S. ...

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

James E. Bell

Signed

Student Embalmer

Licensed Embalmer No.

4347

P. O. Address

2906 ...

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.