

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **43251**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **6078** Registrar's No. **101**

1950  
 1

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

1. PLACE OF DEATH a. COUNTY <b>Ste. Genevieve</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ste. Genevieve</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Jackson Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Jackson Twp.</b> <b>0950</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Weingarten, Mo</b>		d. STREET ADDRESS (If rural, give location) <b>Weingarten, Mo</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>SUSAN</b> c. (Last) <b>BUCHHOLTZ</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 28 1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>August 1, 1866</b>
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>French Village, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Valentine Rosener</b>	
13b. MOTHER'S MAIDEN NAME <b>Susan Cottner</b>		14. NAME OF HUSBAND OR WIFE <b>George Buchholtz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George Buchholtz Weingarten, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-Sclerosis</b>  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 checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>	
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) (Minute)		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 <b>Mar. 3, 1946</b> , to <b>Dec 28, 1950</b> , that I last saw the deceased alive on <b>Dec 23, 1950</b> , and that death occurred at <b>11:50 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>William E. Depa</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Ste. Genevieve Mo</b>	23c. DATE SIGNED <b>12-29-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>JAN. 2, 1951</b>	24c. NAME OF CEMETERY OR-CREMATORY <b>St. Lawrence</b>	24d. LOCATION (City, town, or county) (State) <b>Lawrenceton Mo t</b>
DATE REC'D BY LOCAL REG. <b>Dec-30-1950</b>	REGISTRAR'S SIGNATURE <b>Wm. E. Depa</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jerome A. Deaton</b>	ADDRESS <b>Ste. Genevieve, Mo</b>

(Licensed Embalmer's Statement on Reverse Side)

FILE NO.  
DISTRICT HEALTH OFFICE No. 4

JAN 2 1951

RECEIVED

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.....  
*Jerome L. Stauter*

Signed.....

Student Embalmer

Licensed Embalmer No. 3817

P. O. Address Ste. Genevieve, 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.