No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43701

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10580

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alexian Brothers Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood 4703
d. STREET ADDRESS (If rural, give location): 1101 S/Lindbergh Road

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): Casper
c. (Last): Buettner

4. DATE OF DEATH (Month) (Day) (Year): December 11, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 13, 1932
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Religious
11. BIRTHPLACE (State or foreign country): Brooklyn New York
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Casper Buettner
13b. MOTHER'S MAIDEN NAME: Margaret Bolender
14. NAME OF HUSBAND OR WIFE: **********

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: --------
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Rev. Geo. Haarman 1101 Lindbergh Blvd.

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) General Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 18 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforated Gangrenous
DUE TO (c) Appendicitis — 21 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ~~General Peritonitis~~

19a. DATE OF OPERATION: 11/23/50
19b. MAJOR FINDINGS OF OPERATION: Acute perforated gangrenous Appendicitis with General Peritonitis
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 5301

22. *I hereby certify that I attended the deceased from* 11/23/50, 19__, *to* 12/11/50, 19__, *that I last saw the deceased alive on* 12/11, 1950, *and that death occurred at* 10.40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) Jm D
23b. ADDRESS: 3606 Grams
23c. DATE SIGNED: 12/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec. 12, 1950
24c. NAME OF CEMETERY OR CREMATORY: Dayton, Ohio
24d. LOCATION (City, town, or county) (State): Dayton Ohio.

DATE REC'D BY LOCAL: DEC 12 1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. Hoffmeister U.&L.Co. 7814 S. Broadway

(Licensed Embalmer's Statement on Reverse Side)

Dr. Weinberg

Separate Envt certified

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.....

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.