

JAN 18 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42804  
State File No. 11519  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Illinois</u> b. COUNTY <u>6120</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>ST. LOUIS, MISSOURI</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Belleville</u>                                     |  |
| c. LENGTH OF STAY (in this place)   |  | d. STREET ADDRESS (If rural, give location)<br><u>3538 Lorene</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>  |  |  |  |

|                                     |                          |                       |                          |  |
|-------------------------------------|--------------------------|-----------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>EMMETT</u> | b. (Middle) <u>J.</u> | c. (Last) <u>BUEHLER</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>12 26 51</u> |
|-------------------------------------|--------------------------|-----------------------|--------------------------|--|

|                    |                               |   |                                      |   |                             |                             |
|--------------------|-------------------------------|---|--------------------------------------|---|-----------------------------|-----------------------------|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Apr 27, 1905</u> | 9. AGE (in years last birthday) <u>46</u> | 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) <u>Telephone Worker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Co.</u> | 11. BIRTHPLACE (State or foreign country) <u>Breese Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
|---|--|--|--|

|                                       |  |  |
|---------------------------------------|--|--|
| 13a. FATHER'S NAME <u>Wm. Buehler</u> | 13b. MOTHER'S MAIDEN NAME <u>Helen Schneider</u> | 14. NAME OF HUSBAND OR WIFE <u>Julia Buehler</u> |
|---------------------------------------|--|--|

|  |  |  |         |
|--|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>492-07-7519</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Julia Buehler - Belleville Ill.</u> | ADDRESS |
|--|--|--|---------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESPIRATORY FAILURE</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 DAYS</u> |
|   | ANTECEDENT CAUSES<br>DUE TO (b) <u>TRACHEAL OBSTRUCTION</u>                       |  | <u>1 MONTH</u>                                    |
|   | DUE TO (c) <u>BRONCHOGENIC CARCINOMA</u>  |  | <u>2 YEARS</u>                                    |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>162X</u> |
|---|--|--|

22. I hereby certify that I attended the deceased from 12/23, 1951, to 12/26, 1951, that I last saw the deceased alive on 12/26, 1951, and that death occurred at 2:30 Pm., from the causes and on the date stated above.

|  |                                     |                                  |
|--|-------------------------------------|----------------------------------|
| 23a. SIGNATURE <u>FR Prudley</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>BARNES HOSPITAL</u> | 23c. DATE SIGNED <u>12/26/51</u> |
|--|-------------------------------------|----------------------------------|

|  |                           |                                    |  |
|--|---------------------------|------------------------------------|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>12-27-51</u> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) <u>Belleville Ill.</u> |
|--|---------------------------|------------------------------------|--|

|   |  |  |                                |
|---|--|--|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>DEC 27 1951</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u> | ADDRESS <u>Manchester Ave.</u> |
|---|--|--|--------------------------------|

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

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*John Ketter*

Licensed Embalmer No. 3880

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.