

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7404**  
Registrar's No. **1956**

No. 300  
10.48

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

BIRTH NO. **ED MAR 11 1953**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. CITY (If outside corporate limits, write RURAL and give township) <b>2159</b> OR TOWN <b>St. Louis,</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>15 3206 N. Dakota St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b> b. (Middle) <b>A.</b> c. (Last) <b>Buettmann</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>February 18, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 22, 1895</b>	9. AGE (In years last birthday) <b>57</b>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Independent Insurance Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Bernard Buettmann</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Brinker</b>		14. NAME OF HUSBAND OR WIFE <b>Othilia Buettmann</b>	
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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) <b>Yes World War #1</b>		16. SOCIAL SECURITY NO. <b>493-10-0880</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Othilia Buettmann 3206 N. Dakota St.</b>	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Superior Mesenteric Thrombosis</b>		DUE TO (b) <b>Arteriosclerosis</b>				4 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Chronic Bronchitis</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION <b>2/14/53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Superior Mesenteric Thrombosis</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR		<b>5702</b>	

22. I hereby certify that I attended the deceased from **1/10, 1953** to **2/18, 1953**, that I last saw the deceased alive on **2/18, 1953**, and that death occurred at **2:55A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold A. Franklin M.D.</b>		23b. ADDRESS <b>16 Hampton Village Plaza</b>		23c. DATE SIGNED <b>2/19/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2/20/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cenetry</b>	
24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Missouri</b>					

DATE REC'D BY LOCAL <b>FEB 19 1953</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gebken-Benz Mortuary 2842 Meramec St.</b>	
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(Licensed Embalmer's Statement on Reverse Side) **St. Louis 18 Mo.**

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Leron E. Percy*

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,  
St. Louis 18 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.