

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8132

State File No. _____

FILED MAR 4 - 1953

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|---|--|---|---------------------------------------|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>541</u> | | Registrar's No. <u>639</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> | | c. LENGTH OF STAY (in this place) OR TOWN <u>D.O.A.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Hill</u> | | 463 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>9646 Manchester</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>William L. Buermann</u> | | | 4. DATE OF DEATH <u>Feb. 23, 1953</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Oct. 18, 1884</u> | |
| 9. AGE (In years last birthday) <u>68</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto repairman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own business</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Rock Hill, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>William Buermann</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dorothy M. Koehler</u> | | 14. NAME OF HUSBAND OR WIFE <u>Christine McGinnis</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>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Bernice L. Buermann, Maplewood, Mo.</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio-vascular disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>unk</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) | | 443X | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Herbert R. Domke</u> (Degree or title) <u>H.D. Local Registrar</u> | | | | 23b. ADDRESS <u>651 S. Brentwood Blvd.</u> | | 23c. DATE SIGNED <u>2-27-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2/26/53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis 23, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>2-25-53</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Domke</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Fun'l Home, Ballwin, Mo.</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 Theo. Schreder

Licensed Embalmer No. 3066

P. O. Address Bullwin, 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.