

LED JUL 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26182

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** State File No. \_\_\_\_\_ Registrar's No. **6996**

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>Gasconade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>5 Days</b>	c. CITY OR TOWN <b>Morrison</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>R. F. D. #1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frederick</b> b. (Middle) <b>John</b> c. (Last) <b>Buente</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 14, 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>Apr. 5, 1875</b>
9. AGE (In years last birthday) <b>78</b>		10. MONTHS <b>3Mos</b>	11. DAYS <b>18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bakery</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Morrison, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>Frederick Buente</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Lydia Buente</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>488-03-2593</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Fred. Buente, Morrison, Mo.</b>	

18. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
18. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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?	

22. I hereby certify that I attended the deceased from 5/1/50 to 7/14/53, that I last saw the deceased alive on 7/14, 1953, and that death occurred at 8 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>M. F. Mistachkin, MD</b>		23b. ADDRESS <b>3903 - Olive</b>		23c. DATE SIGNED <b>7/15/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-14-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters</b>	
24d. LOCATION (City, town, or county) <b>Morrison, Missouri</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Herman Rinsakopf Inc.</b>		24f. ADDRESS <b>5212 Delmar</b>	

DATE REC'D BY LOCAL REG. **JUL 16 1953**  
REGISTRAR'S SIGNATURE **J. Carl Smith, MD**  
FUNDING DIRECTOR'S SIGNATURE **Herman Rinsakopf Inc.**  
ADDRESS **5212 Delmar**

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.....  
Signature of Student Embalmer

Signed *Peter B. Dubouche*

Licensed Embalmer No. *369*

P. O. Address. *Richmond*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.