

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32968

State File No. _____
Registrar's No. **9038**

FILED OCT 15 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 9038	
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MO b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri			c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital					e. STREET ADDRESS (If rural, give location) 23 1222 Victor St				
3. NAME OF DECEASED (Type or Print) FREDERICK			a. (First)		b. (Middle) BUCHHOLZ		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 16, 1953			5. SEX M			6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH JAN. 28, 1909			9. AGE (In years last birthday) 44		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work and during part of working life, even if retired) Tool makee			10b. KIND OF BUSINESS OR INDUSTRY Manufacturing		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo			12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HENRY BUCHHOLZ			13b. MOTHER'S MAIDEN NAME ANNA WEISS			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Edna F. ... 2922 N. Prairie				ADDRESS _____
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) Multiple pulmonary diseases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH _____
19a. 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) 521X				
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 9-12-53 , 19____, to 9-16-53 , 19____, that I last saw the deceased alive on 9-16-53 , 19____, and that death occurred at 3:15P m., from the causes and on the date stated above.									
23a. SIGNATURE O. J. Shukis, M.D.			(Degree or title) _____			23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 9-17-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/19/53	24c. NAME OF CEMETERY OR CREMATORY St Peter's		24d. LOCATION (City, town, or county) (State) St Louis County				
DATE REC'D BY LOCAL SEP 18 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			FUNERAL DIRECTOR'S SIGNATURE Sullivan's 2849 N. Euclid				ADDRESS _____

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.....
Licensed Embalmer No..... 355

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