FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32971

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9466

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5927 Leona

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 5927 Leona

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3. NAME OF DECEASED (Type or Print)
a. (First): Nora
b. (Middle):
c. (Last): Buehler

4. DATE OF DEATH (Month) (Day) (Year): Oct 1 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 6 1859
9. AGE (In years last birthday): 94 — 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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home Maker
11. BIRTHPLACE (City and State or Foreign Country): St. Louis
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Patrick O'Brien
13b. MOTHER'S MAIDEN NAME: Mary Finnigan
14. NAME OF HUSBAND OR WIFE: Wm. Buehler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Wm. Buehler 5927 Leona

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease (Terminal)

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. Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: Years

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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22. *I hereby certify that I attended the deceased from* 9/22, 1953, *to* 10/1, 1953, *that I last saw the deceased alive on* 10/1, 1953, *and that death occurred at* 3:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. R. Oehlerhoff MD
23b. ADDRESS: 634 No Grand
23c. DATE SIGNED: 10/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 5 1953
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county): St. Louis (State): MO.

DATE REC'D BY LOCAL REG.: OCT 2 1953
REGISTRAR'S SIGNATURE: J. Carl Smith MD MDB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gullion-Kilby 4386 Lindell

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.