No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14406

FILED MAY 12 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 982

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHMOND HEIGHTS
c. LENGTH OF STAY (in this place): 4 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: LEMAY 487
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 3806 BAYLESS AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): CHRISTIAN
b. (Middle): ***
c. (Last): BUEHLER

4. DATE OF DEATH (Month) (Day) (Year): APRIL 24, 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCTOBER 25, 1875
9. AGE (In years last birthday): 78 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINE OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: AMERTORP CORP.
11. BIRTHPLACE (City and State or Foreign Country): GERMANY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CHRISTIAN BUEHLER
13b. MOTHER'S MAIDEN NAME: MARY RINKLEY
14. NAME OF HUSBAND OR WIFE: CATHERINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 492-22-4535
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: CATHERINE BUEHLER 3806 BAYLESS AVENUE

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) adenocarcinoma Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1½ year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) metastatic carcinoma to
DUE TO (c) abdominal viscera

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chacexia 151X

19a. DATE OF OPERATION: Feb 54
19b. MAJOR FINDINGS OF OPERATION: metastatic Carcinoma of pylorus of Stomach
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 4, 1953 *to* Apr 24, 1954, *that I last saw the deceased alive on* April 24, 19__, *and that death occurred at* 11:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Bray Hawk (Degree or title) M.D.
23b. ADDRESS 4660 Maryland
23c. DATE SIGNED April 19, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 29, 1954
24c. NAME OF CEMETERY OR CREMATORY: NEW ST. MARCUS
24d. LOCATION (City, town, or county) (State): 7901 GRAVOIS, AFFTON, MO.

DATE REC'D BY LOCAL REG.: 4-27-54
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. HOFFMEISTER U. & L. CO. 2781 SO. BROADWAY ST. LOUIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

S24

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lewis C. Hoffmeis

Licensed Embalmer No. 387

P. O. Address 7814 S.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.