

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17504

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1110

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Ferdinand TWP		c. LENGTH OF STAY (in this place) 44 yr	c. CITY OR TOWN St. Ferdinand TWP
d. FULL NAME OF HOSPITAL OR INSTITUTION: Vail Ave., R#2 Box 410		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) HENRY BUENGER		4. DATE OF DEATH (Month) (Day) (Year) May 11th, 1954	

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 7th, 1871	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) St..Louis Co., Mo		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Henry Buenger	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Minnie Buenger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emil Buenger, R#2 Box 410 Florissant Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Apoplexy		INTERVAL BETWEEN ONSET AND DEATH 9 days
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis		
	DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benignity			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331.X		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)
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 **3 May, 1954**, to **11 May, 1954**, that I last saw the deceased alive on **11 May, 1954** and that death occurred at **8** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marion D. Bishop M.D.	23b. ADDRESS 751 St. Francois Florissant, Mo.	23c. DATE SIGNED 12 May 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 14th, 1954	24c. NAME OF CEMETERY OR CREMATORY Salem Ev. Luth. Cemtery
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		

DATE REC'D BY LOCAL REG. 5/12/54	REGISTRAR'S SIGNATURE Wesley K. Schmitz M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DIEDRICH FUNERAL HOME, 8319 Hallsferry
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 16 1966

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 *John J. Lawrence*.....
Licensed Embalmer No. *4110*.....
P. O. Address *W. Lawrence*.....

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.