

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32527

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2254

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) OR TOWN Richmond Heights		c. CITY OR TOWN Richmond Heights	
c. LENGTH OF STAY (In this place) 18 Mo.		Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION #5 Thorndell Drive		e. STREET ADDRESS (If rural, give location) #5 Thorndell Drive	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) G.	c. (Last) Buechner	4. DATE OF DEATH (Month) (Day) (Year) Sept 22 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 26, 1866	9. AGE (In years last birthday) 88	# UNDER 1 YEAR Months 0	# UNDER 1 DAY Hours 26	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Treasurer	10b. KIND OF BUSINESS OR INDUSTRY City St. Louis	11. BIRTHPLACE (City and State or Foreign Country) New York City, N.Y.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME William Buechner	13b. MOTHER'S MAIDEN NAME Regina Berle	14. NAME OF HUSBAND OR WIFE Amelia Buechner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amelia Buechner #5 Thorndell Dr.
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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		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 331X MO. IL.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from July 10, 1953, to Sept 22, 1954, that I last saw the deceased alive on Sept 22, 1954, and that death occurred at 11:25 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John M. Parato M.D.	23b. ADDRESS 1010 Mc Carlsland Ave	23c. DATE SIGNED 9/22/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 25 1954	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County MO.
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DATE REC'D BY LOCAL REG. 9-24-54	REGISTRAR'S SIGNATURE Herbert R. Dombroski	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.L. Ziegenhein & Sons 7027 Gravois
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25. Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY—USING UNEADING 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 *G. P. Kudwell*.....
Licensed Embalmer No. *3877*
P. O. Address *7027 Gray*

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.