

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32644

State File No.

FILED OCT 14 1954

Registrar's No. 2769

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2769</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY ST. LOUIS		a. STATE MISSOURI		b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give town) LEMAY		c. LENGTH OF STAY (In this place) 45 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) LEMAY			
d. FULL NAME OF HOSPITAL OR INSTITUTION 246 OLD COUNTY ROAD				d. STREET ADDRESS 246 OLD COUNTY ROAD			
3. NAME OF DECEASED (Type or Print)		a. (First) CHRISTINA		b. (Middle) ***		c. (Last) BUEHLER	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		OCT.		8,		1954	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUGUST 20, 1876	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) PERRYVILLE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ADAM KOLBE			13b. MOTHER'S MAIDEN NAME (UNKNOWN)			14. NAME OF HUSBAND OR WIFE REINHARDT	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS DOROTHY BUEHLER 246 OLD COUNTY ROAD			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Acute coronary occlusion			
		ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		chronic cardio-vascular disease	
		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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
						4201	
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 <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 Jan 15 , 19 <u>49</u> , to Oct. 8 , 19 <u>54</u> , that I last saw the deceased alive on 9-8 , 19 <u>54</u> , and that death occurred at 3 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Erwin A. Cuelius		23b. ADDRESS 752 Lemay Ferry Rd.		23c. DATE SIGNED 10-8-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCTOBER 11, 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. 10/9/54		REGISTRAR'S SIGNATURE Wesley R. Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER U. & L. CO. 7814 S. BROADWAY ST. LOUIS, MO.			

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

Handwritten mark

✓
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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Lewis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 Broadway*

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