

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Charles</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St. Charles</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>403 Jackson St.</u>		0923 0	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EMIL</u>	b. (Middle)	c. (Last) <u>BUENEMANN</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>February 2, 1955</u>

5. SEX <u>0</u> <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 27, 1878</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>6</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bar Tender</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>
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13a. FATHER'S NAME <u>Henry Buenemann</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Wilke</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-0440</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Amanda Stoebner</u>	ADDRESS <u>St. Charles, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic monocytic Leukemia</u>		
	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. <u>Arteriosclerosis, generalized unknown</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? <u>2042</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>February 2</u>
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22. I hereby certify that I attended the deceased from December, 1948, to January, 1955, that I last saw the deceased alive on Feb. 3, 1955, and that death occurred at 8:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Don R. Randall, M.D.</u> <u>0</u>	23b. ADDRESS <u>207 N. 5th St. St. Charles, Mo.</u>	23c. DATE SIGNED <u>Feb. 3, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 4, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 4 1955</u>	REGISTRAR'S SIGNATURE <u>Bernice Hammeton</u> <u>284-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bane</u>	ADDRESS <u>St. Charles, Mo.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

MAR 7 1955

MAR 25 1955

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 *Clarence M. Bilto*.....

Licensed Embalmer No. *4375*

P. O. Address *St. Charles*.....

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.