

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 965

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 Normandy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy	
c. LENGTH OF STAY (in this place) 13 yrs.		d. STREET ADDRESS (If rural, give location) 7331 Huntington Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7331 Huntington Drive.			

3. NAME OF DECEASED (Type or Print) ALBERT HENRY BUCHHOLD			4. DATE OF DEATH (Month) (Day) (Year) April 23, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 3, 1893		9. AGE (In years) (If under 1 year: last birthday) (Months) (Days) (Hours) (Min.) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer		10b. KIND OF BUSINESS OR INDUSTRY May Dept. Stores		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Conrad Buchhold			
13b. MOTHER'S MAIDEN NAME Katherine Weber		14. NAME OF HUSBAND OR WIFE Adele C. Buchhold			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 488-03-3028		17. INFORMANT'S SIGNATURE OR NAME Adele Buchhold, 7331 Huntington Dr.	
(If yes, give war or dates of service) World War #1		ADDRESS		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
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) Coronary Occlusion		1 hour	
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerotic Heart D.		None	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None	

22. I hereby certify that I attended the deceased from **Mar 1, 1955**, to **Apr 23, 1955**, that I last saw the deceased alive on **Apr 23, 1955**, and that death occurred at **11:10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. Staeble M.D.		23b. ADDRESS 7124 Natural Bridge		23c. DATE SIGNED 4-25-55	
---	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 27, 1955		24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	

DATE REC'D BY LOCAL REG. 4/26/55		REGISTRAR'S SIGNATURE Harbert P. Donke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. F. Feutz Funeral Home	
				ADDRESS 4828 Nat'l Bridge Blvd.	

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

11/1/54

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
Student Embalmer

Signed Ralph E. Zindler

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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.