

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29276**
Registrar's No. **7730**

No. 300
10.48
FILED SEP 4 1957

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7730			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) LIFE		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION ENROUTE: CITY-HOSPITAL #1.				e. STREET ADDRESS (If rural, give location) 2261 W 624 A HELEN - ST.					
3. NAME OF DECEASED (Type or Print) FREDERICK-CONRAD-BUCKHOLD			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) AUG. 17TH 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH OCT. 1ST 1880			
9. AGE (In years last birthday) 76 YRS.		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-PRINTER			10b. KIND OF BUSINESS OR INDUSTRY PRINTING			11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MO.			
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13a. FATHER'S NAME CONRAD-BUCKHOLD		13b. MOTHER'S MAIDEN NAME KATHARINA - WEBER		14. NAME OF HUSBAND OR WIFE LENA-MARGARET-BUCKHOLD (DECD.)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME BERNICE-E-SIEVERS		ADDRESS 1624 A HELEN-ST.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				DUPLICATE OF (b) Hypertensive Cardi-Vascular Disease				1 yr	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF (c) _____				10 yr	
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 443x				20. AUTOPSY? 2 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) (Min.) _____		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 Nov. , 19 55 , to Aug 17 , 19 57 , that I last saw the deceased alive on July , 19 57 , and that death occurred at 2:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE Edward W. Czerninski M.D. (Degree or title)				23b. ADDRESS 3701 Brandel St		23c. DATE SIGNED 8/17/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 20TH 1957		24c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.			
DATE REC'D BY LOCAL REG. AUG 19 57		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brockland Und. G. 1827-HOGAN-ST.					

WRITE PLAINLY—USING UNFADING 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... *Elton H. Remelers*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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.