

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **29278**  
Registrar's No. **6734**

FILED AUG 19 1957

318

PRIMARY REG. DIST. NO. 1003

1003

|   |                                  |   |  |   |  |   |   |
|---|----------------------------------|---|--|---|--|---|---|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No. <b>6734</b>   |   |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>   |  |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |                                  | c. LENGTH OF STAY (In this place) _____   |  | c. CITY OR TOWN <b>4820</b><br><b>Afton</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>02 Alexian Brothers Hospital</b>  |                                  |   |  | e. STREET ADDRESS (If rural, give location) <b>27 9024 Coral Drive</b>  |  |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>CLARENCE</b>   |                                  |   | b. (Middle) <b>L.</b>  |   | c. (Last) <b>BUEHLER</b>   |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>7-16-1957</b>              |
| 5. SEX <b>0</b><br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   | 8. DATE OF BIRTH <b>3-15-1902</b>                            |   | 9. AGE (In years last birthday) <b>55</b>                                  | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HRS.<br>Hours _____ Min. _____                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Universal Dist. Co</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>0 Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME <b>Henry Buehler</b>   |                                  | 13b. MOTHER'S MAIDEN NAME <b>Mollie Vogel</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Janye Buehler</b>  |  |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>   |                                  | 16. SOCIAL SECURITY NO. <b>492-05-8718</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Janye Buehler</b>  |  | ADDRESS <b>9024 Coral Drive</b>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b><br><br>ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (b) <b>Arteriosclerotic Heart Dis.</b><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><b>Conditions contributing to the death but not related to the disease or condition causing death.</b><br><b>420.0</b> |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1/2 hour</b><br><b>1 yr.</b> |
| 19a. DATE OF OPERATION _____  |                                  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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)<br><b>St. Louis, Mo</b>   |  |   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR _____   |  |   |   |
| 22. I hereby certify that I attended the deceased from <b>7/8/57</b> , 19____, to <b>7/16/57</b> 19____, that I last saw the deceased alive on <b>7/15/57</b> , 19____, and that death occurred at <b>7:00 A.M.</b> , from the causes and on the date stated above. |                                  |   |  |   |  |   |   |
| 23a. SIGNATURE <b>R. Meyer</b> (Degree or title) <b>MD</b>  |                                  |   |  | 23b. ADDRESS <b>8059 Watson Rd</b>  |  | 23c. DATE SIGNED <b>7/16/57</b>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |                                  | 24b. DATE <b>7-19-1957</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b> |   | 24d. LOCATION (City, town, or county) (State) <b>10160 Gravois Road Mo</b> |   |   |
| DATE REC'D BY LOCAL REG. <b>JUL 19 57</b>   |                                  | REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Biegeleisen</b>  |  | ADDRESS <b>6409 Gravois Ave</b>   |   |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
NO 1-9206

ALPHA

NO 1-1902

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed..... *Lee M. Simon*

Licensed Embalmer No. *434*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.

ALPHA