

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

State File No. **45667**
Registrar's No. **12197**

FILED DEC 30 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|---|--|--|---|
| 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. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | e. STREET ADDRESS (If rural, give location) 2/570 4329 Gravois Ave | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) JOHN c. (Last) BUCHROEDER | 4. DATE OF DEATH (Month) (Day) (Year) 12-18-1957 |
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|--------------------|-------------------------------|---|-----------------------------------|---|------------------------|----------------------|------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 6-18-1882 | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours | IF UNDER 15 MIN. Mins. |
|--------------------|-------------------------------|---|-----------------------------------|---|------------------------|----------------------|------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Auditor | 10b. KIND OF BUSINESS OR INDUSTRY Rice-Stix Co | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME John Buchroeder | 13b. MOTHER'S MAIDEN NAME Josephine Hertel | 14. NAME OF HUSBAND OR WIFE Paula Buchroeder |
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| 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. 329-10-9670 | 17. INFORMANT'S SIGNATURE OR NAME Paula Buchroeder | ADDRESS 4329 Gravois Ave |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia | | INTERVAL BETWEEN ONSET AND DEATH approx 2 1/2 yrs | |
| | 'ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosclerosis | | | Unknown |
| | DUE TO (c) Hypertensive C. V. Disease | | | Unknown |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Colon Removed 7 yrs ago | | | | |

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|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 442 x H | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|---|
| 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 August, 1955, to December 18, 1957, that I last saw the deceased alive on Dec 17, 1957, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

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|---|---|------------------------------------|
| 23a. SIGNATURE Joseph V. O'Donnell (Degree or title) MD | 23b. ADDRESS 634 N. Grand - St Louis 3, Mo | 23c. DATE SIGNED Dec 19, 57 |
|---|---|------------------------------------|

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|---|-----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12-20-1957 | 24c. NAME OF CEMETERY OR CREMATORY St. Peter and Paul Cemetery | 24d. LOCATION (City, town, or county) (State) 7030 Gravois Ave. |
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|---|---|--|---------------------------------|
| DATE REC'D BY LOCAL REG. DEC 19 57 | REGISTRAR'S SIGNATURE J. Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE W.D. Biggs | ADDRESS 6409 Gravois Ave |
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Dr. Jos. O'Donnell 8-12-40-Three Bldg 12-3 Humboldt Bldg JR 3-4980
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
ST. LOUIS, MISSOURI

ISSUED:

NO. 1001

NO. 1001

DECEASED

DECEASED

12-18-1937

DECEASED

DECEASED

DECEASED

25

12-18-1937

DECEASED

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U.S.A.

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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 *Paul M. Seymour*

Licensed Embalmer No. 4343

P. O. Address St. Louis, Mo.

1001

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.

12-18-1937

DECEASED

DECEASED