

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI 26950-58 58-015614
STANDARD CERTIFICATE OF DEATH State File No.

FILED MAY 12 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3509

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Normandy 21	
d. FULL NAME OF HOSPITAL OR INSTITUTION 09 De. Paul Hospital		e. STREET ADDRESS (If rural, give location) 27 5945 Brand			
3. NAME OF DECEASED (Type or Print) a. (First) Bruce		b. (Middle) Albert		c. (Last) Buettner	
4. DATE OF DEATH (Month) (Day) (Year) March 26 1958		5. SEX Male		6. COLOR (OR RACE) White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH March 26 1958		9. AGE (In years last birthday) 8 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Oscar Henry Buettner Jr		13b. MOTHER'S MAIDEN NAME Rosemarie Margaret Schraet	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Rosemarie M. Buettner		ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis		ANTECEDENT CAUSES DUE TO (b) Prematurity 34 wks					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		762.5					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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) 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 3-26-1958, to 3-26-1958, that I last saw the deceased alive on 3-26-1958, and that death occurred at 4:13 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. M. Rordan M.D.		23b. ADDRESS 4500 Olive St.		23c. DATE SIGNED 3-27-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-27-1958		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo					

DATE RECD BY LOCAL REG. MAR 27 1958		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE M. J. Koch + Son - 3516 E. 14th		ADDRESS	
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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 *Not Embalmed*
Edward Koch

Licensed Embalmer No.....

P. O. Address

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.