Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030219
STATE FILE NUMBER

FILED SEP 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8506

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☐ No ☐	8/28 CITY OR TOWN Nashville 32 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis City Hospital #1 — Length of stay in 1b 25	d. STREET ADDRESS (If outside, give location) 305 W. Alton — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First Ben	Middle W.	Last Buhrman	4. DATE OF DEATH	Month 9 Day 2 Year 58
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH Sept. 17,1889	9. AGE (In years last birthday) 68	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) BookKeeper	10b. KIND OF BUSINESS OR INDUSTRY Coal	11. BIRTHPLACE (City and state or country) Nashville, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Louis BUHRMAN	13b. MOTHER'S MAIDEN NAME Elizabeth Koeneman	14. NAME OF HUSBAND OR WIFE Alice Buhrman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mrs Leroy Durand St. Louis, Mo.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) diabetes mellitus

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) carcinoma of splenic flexure

DUE TO (c) 260XH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

status post operative left colectomy - p.o. enterocolitis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/18/58, to 9/2/58 and last saw her/him alive on 9/2/58

Death occurred at 2:10 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R C Williams, M.D. 0	22b. ADDRESS 1515 Lafayette	22c. DATE SIGNED 9/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 9-3-58	23c. NAME OF CEMETERY OR CREMATORY St. Paul	23d. LOCATION (City, town, or county) (State) Nashville, Ill.
24. FUNERAL DIRECTOR ADDRESS John A. Ogonoski East St. Louis Ill.	25. DATE RECD. BY LOCAL REG. SEP 3 '58	26. REGISTRAR'S SIGNATURE J Carl Smith MD MDB.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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.

or embalmed

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3398

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.