

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023624  
STATE FILE NUMBER

FILED JUL 3 1959 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1747

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkwood</b>		c. CITY OR TOWN <b>Kirkwood 22, 4683</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>132 W. Adams Ave.</b>		d. STREET ADDRESS (If outside, give location) <b>132 W. Adams Ave.</b>	
Length of stay in lb <b>13 yrs</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>EDWARD</b> Last <b>BUECHNER</b>			4. DATE OF DEATH Month <b>June</b> Day <b>29</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 1, 1908</b>
9. AGE (In years last birthday) <b>50</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter &amp; Owner</b>	
11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William E. Buechner</b>		13b. MOTHER'S MAIDEN NAME <b>Ernestine Vogelgesang</b>	
14. NAME OF HUSBAND OR WIFE <b>Gertrude Buechner</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, state dates of service) <b>None</b>	
16. SOCIAL SECURITY NO. <b>486-14-6429</b>		17. INFORMANT <b>Gertrude Buechner-132 W. Adams Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> DUE TO (b) <b>Myocardial infarction</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 min.</b> <b>30 min.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4201</b>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <b>1956</b> to <b>June 29, 1959</b> and last saw her/him alive on <b>6-29-59</b> Death occurred at <b>3:15 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <b>6-30-59</b>	
22a. SIGNATURE <b>Louis C. Hyatt</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>134 W. Adams</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 2, 1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cem,</b>		23d. LOCATION (City, town, or country) (State) <b>Kirkwood 22, Mo.</b>	
24. FUNERAL DIRECTOR <b>Pfzinger Mortuary-Kirkwood, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-30-59</b>	
26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

Student .....  
Signature of Student Embalmer

Signed *Herbert J. Lee Jr.* .....

Licensed Embalmer No. *4800* .....

P. O. Address *Richmond, Va.* .....

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.