

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3489**

STATE FILE NUMBER

**FILED APR 24 1961**

|  |   |   |  |   |  |   |   |  |
|--|---|---|--|---|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |  | Length of stay in 1b<br><b>2 days</b>                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |   | c. CITY OR TOWN <b>Dellwood</b>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>  |   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                    | d. STREET ADDRESS (If outside, give location)<br><b>10335 Yarwood Court</b> |  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Frances</b> Middle <b>Buehler</b> Last <b>Buehler</b>   |   |   |  |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>10</b> Year <b>1961</b>  |   |   |  |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>11-28-1893</b>  | 9. AGE (last birthday)<br><b>67</b>   | IF UNDER 1 YEAR<br>Months  | IF UNDER 24 HR<br>Days  | Hours   | Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Owner (retired)</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Curtain Cleaning Co</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>    |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |   |  |
| 13a. FATHER'S NAME<br><b>Frank Paust</b>   |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Margaret Frick</b>   |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>deceased</b>  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, No (unknown)) (If yes, give war or dates of service)<br><b>No</b>   |   |   | 16. SOCIAL SECURITY NO.<br><b>—</b>  |   | 17. INFORMANT Address<br><b>Mrs. Adelaide Mathieu, 10335 Yarwood Ct</b>  |   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Infarctus Myocardium</b><br><b>Coronary Thrombosis</b><br>Arterio Sclerotic Heart Disease<br>DUE TO (b)<br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |  |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>36 hrs</b>                                    |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Left hemiplegia 420.0</b>  |   |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 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.) |   |  |   |   |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.  |   | Month, Day, Year  |  |   |  |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | 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 <b>Oct 23 1956</b> to <b>April 10, 61</b> and last saw her <b>live on April 10 61</b><br>Death occurred at <b>11 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |   |  |   |   |  |
| 22a. SIGNATURE<br><b>[Signature]</b><br>(Degree or title)  |   |   |  | 22b. ADDRESS<br><b>Northland St 36</b>                                      |  |   | 22c. DATE SIGNED<br><b>4-11-61</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 23b. DATE<br><b>April 15, 1961</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Friedens Cemetery</b>                               |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Missouri</b>   |   |   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Math Hermann &amp; Son, Inc., 2161 E. Fair A</b>  |   |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>APR 12 1961</b>                          |  | 26. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>   |   |  |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

**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 Clement M<sup>r</sup> Neary

Licensed Embalmer No. 3732

P. O. Address St Louis

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.