

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-009043

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 457

FILED FEB 23 1962

VS 300
Rev. 4/59
4031
24001
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DATE AMENDED
INSTEAD OF
SHOULD READ
BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DOCUMENT
MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) Normandy		Length of stay in lb 14 days	c. CITY OR TOWN BELLEFONTAINE St. Louis NEIGHBORS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1129 Waldorf Dr.
3. NAME OF DECEASED (Type or print) First Ressie Middle A Last Buechele		4. DATE OF DEATH Month Feb. Day 4, Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-17-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY HOME --	9. AGE (last birthday) 77
11. BIRTHPLACE (City and state of country) SPENORN, ILLS		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME JAMES DENNISON		13b. MOTHER'S MAIDEN NAME MARY BRAWLEY	14. NAME OF HUSBAND OR WIFE Hans Buechele
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. NONE	17. INFORMANT HANS BUECHELE Address 1129 WALDORF DR.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory arrest DUE TO (b) Cerebral Ischemia + Infarction DUE TO (c) Cerebral vascular thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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 Hour Month, Day, Year a.m. p.m.			
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 1-21-62 to 2-4-62 and last saw her/him alive on 2-4-62 Death occurred at 12:00 midnight m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS NORMANDY OST. HOSP.	22c. DATE SIGNED 2-5-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/7/62	23c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS CEM.	23d. LOCATION (City, town, or county) (State) ST LOUIS CO MO
24. FUNERAL DIRECTOR DREHMANN HARRAL ADDRESS 1905 UNION BLVD		25. DATE RECD. BY LOCAL REG. 2-5-62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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

Albert R. Thompson

Licensed Embalmer No. 4237

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.