

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044041

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11028

FILED NOV 30 1962

11028

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY _____ b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb 4 weeks c. CITY OR TOWN Affton Inside Limits Yes No d. STREET ADDRESS (if outside, give location) 4019 Green Meadows Reside on Farm Yes No

2. USUAL RESIDENCE (where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

3. NAME OF DECEASED (Type or print) First MARY Middle S Last BUEHLMANN 4. DATE OF DEATH Month November Day 15 Year 1962

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10/16/1883 9. AGE (last birthday) 79 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Mt. Olive, Illinois 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Anton 13b. MOTHER'S MAIDEN NAME Becker 14. NAME OF HUSBAND OR WIFE _____

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 Eleanora Nerl Address 4019 Green Meadows

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular damage due to cerebral & generalized arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hr
DUE TO (b) Pulmonary embolism 1 yr
DUE TO (c) _____ 2 1/2 hr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334x
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 _____ to 11-15-62 and last saw her alive on 11-15-62. Death occurred at 3:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul P. Parashak M.D. 22b. ADDRESS 5203 Chippewa 22c. DATE SIGNED 11-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 11/19/1962 23c. NAME OF CEMETERY OR CREMATORY New St Marcus Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR John L Ziegenhein & Sons ADDRESS 7027 Gravois 25. DATE RECD. BY LOCAL REG. NOV 16 1962 26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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 B. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.