

FILED JAN 16 1945
318

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Altenheim - 1 year plus
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days) 5 (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 98
(d) Street No. Lutheran Altenheim
8721 Hallsberry Rd
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.....

3. (a) PRINT

FULL NAME Miss Augusta A Buhman

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 13 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>5</u>	<u>20</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business.....

12. Name Mark Buhman

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Margaretta (Unknown)

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Spencer, Supt

(b) Address Lutheran Altenheim, St. Louis Mo

17. (a) Burial (b) Date thereof Jan 5 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordai Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home

(b) Address 1936 St. Louis Avenue

19. (a) JAN 5 1945 J. J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1945 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from Dec 30
1944 to Jan 3 1945

that I last saw her alive on Jan 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 5 days

Due to.....

Due to.....

Other conditions Arteriosclerosis 10 yrs?
(Include pregnancy within 3 months of death)

PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Ino While at work? (Specify type of place) (e) Means of injury.....

23. Signature Patience L Arnold (M. D. or other) MD

Address 1449 Mc Laran Date signed 1/3/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

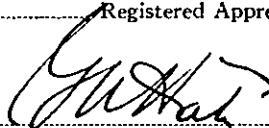
MOTHER FATHER

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed..... 

Licensed Embalmer No. 2737

P. O. Address 1926 St. Louis Ave

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 this body is not embalmed, fact should be so stated above.