

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24142
Registrar's No. 6751

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis, Missouri.**
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution.....
In this community..... **9 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(d) Street No. **3934 N. 25th Street.**
Memorial 20-
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME..... **JOHN BUFF**
3. (b) If veteran, name war..... **No** 3. (c) Social Security No..... **No**
4. Sex..... **Male** 5. Color..... **White** 6. (a) Single, widowed, married, divorced..... **Widowed**
6. (b) Name of husband or wife..... **Lillie** 6. (c) Age of husband or wife if alive.....
7. Birth date of deceased **Nov. 11 1866**
8. AGE: Years Months Days If less than one day
81 8 20

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **31st**
year **1948** hour **12** minute **35 A.M.**
21. I hereby certify that I attended the deceased from **7/25/48**
to **July 31st**, 19**48**,
that I last saw him alive on **July 31st**, 19**48**
and that death occurred on the date and hour stated above.

MOTHER, FATHER {
11. Industry or business..... **Lead Industry**
12. Name..... **John L. Buff**
13. Birthplace..... **Missouri**
14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown**

Immediate cause of death..... **Perforation from Esophageal Varices**
Due to..... **Cirrhosis of the liver (Laennec's type)**
Due to.....
Other conditions..... **Late latent syphilis**
Major findings:
Of operations.....
Of autopsy.....

16. (a) Informant..... **Mrs. Pearl Gray**
(b) Address..... **6317 Blackstone Ave. Chi. Ill.**
17. (a) **Burial** (b) Date thereof **Aug. 2 1948**
(c) Place: burial or cremation..... **Friedens Cemetery**
18. (a) Signature of funeral director..... **Suedmeyer Sons Inc**
(b) Address..... **3934 N. 20th Street.**
19. (a) **JUL 31 1948** (b) **J. T. Bradack**

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?.....
23. Signature..... **1515 Lafayette** Date signed..... **7/31/48**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Mervill B. Holwetter

Licensed Embalmer No. *3696*

P. O. Address *3934 Nozota Ln*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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