N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
15708
15439

1. PLACE OF DEATH
County St. Louis — Registration District No. 701
Township — Primary Registration District No. 1003
City — (No. City Infirmary, St. — Ward)

File No.
Registered No. 4673

2. FULL NAME Eleanor Buschers
(a) Residence. No. ~~Infirmary~~ 3561 Caroline St., Hosp. Ward. 13
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF John J. Buschers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1866 - Nov 4

7. AGE: Years 61 | Months 5 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ~~Housework~~ Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Lewis Kuss
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) "
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) "

14. INFORMANT Mrs. Stinger
(Address) 5800 Broadway St

15. FILED APR 30 1928, 19.... Mary E. Starrett
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 20-1927, 19..., to April 27, 1928, that I last saw h.E.S. alive on April 27, 1928, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
82A Cerebral Apoplexy
102 (duration) ... yrs. ... mos. 1 ds.
CONTRIBUTORY (SECONDARY) Hypertension
(duration) 10 yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. Berg, M.D.
, 19 (Address) 5800 Broadway St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter & Paul — DATE OF BURIAL April 30, 1928

20. UNDERTAKER Rauch & Schmitt — ADDRESS 373 S Grand Blv