WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

19137

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 19137

Township ..... Primary Registration District No. 1003 Registered No. 5561

City St. Louis, Mo. (No. 2407a S. 10th Street St. ..... Ward)

2. FULL NAME Margaret Busch

(a) Residence. No. 2407a S. 10th Street St., 23 Ward. (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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8th, 1859

7. AGE: Years 69 | Months 1 | Days 12 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Waterloo, (STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Henry Brueggemann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Anna Busch (Address) 2407a S. 10th Street

15. FILED MAY 22 1928 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20th, 1928.

17. I HEREBY CERTIFY, That I attended deceased from May 18th, 1928, to May 20th, 1928 that I last saw her alive on May 20th, 1928, and that death occurred, on the date stated above, at 7:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Chronic myocarditis

930

9/129a (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis & Chronic Intestinal yrs. Nephritis ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2407A S. 10th St.

9 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Typical findings

(Signed) [signature], M.D.

5/21, 1928 (Address) 4930 Lindell B

*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: SS. Peter & Paul

DATE OF BURIAL: May 23, 1928.

20. UNDERTAKER: Wacker-Hilderle

ADDRESS: 2331 S. Bridge