

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

Do not use this space.
44

31996

File No. 9250
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis Mo. (No. Barnes Hosp.)

2. FULL NAME

Anna Buschbaum
(a) Residence. No. 3449 Miami St. 16 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>		
7. AGE	YEARS	MONTHS
<u>abt. 45</u>		
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>House Work</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Frank Short

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

14. INFORMANT Otto Buschbaum
(Address) 3449 Miami St.

15. FILED 1928 Nov 17 1928 W. C. Standley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept - 15 1928
17. I HEREBY CERTIFY That I attended deceased from 8-20 1928 to 9-15 1928
that I last saw h. alive on 7-12 1928 and that death occurred, on the date stated above, at 6:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Edema Brain Tumor
Cardiac Failure (Benign)
540
930 (duration) yrs. mos. da.
1115
CONTRIBUTORY Pulmonary Edema
(SECONDARY)
Myocarditis, Chronic (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 7
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) Al Weidemann, M.D.
9/15, 1928 (Address) Barnes Hosp

*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. Matthews Cem. DATE OF BURIAL 9-18-1928
29. UNDERTAKER Ziegenheim Bros. 2623 Chesnut ADDRESS

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.

