Beisbarth

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

Do not use this space.

28653

File No. 8563

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. 3137 Longfellow St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Lydia Dorothy Buder

(a) Residence. No. 3137 Longfellow St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-22-1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	53	1	5	

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

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

PARENTS

10. NAME OF FATHER Max Feuerbacher

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

12. MAIDEN NAME OF MOTHER Minna Wallenbrock

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

14. INFORMANT G. A. Buder Jr
(Address) 3137 Longfellow

15. FILED AUG 29 1930 19 Max C Harker Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-27 1930

17. I HEREBY CERTIFY, That I attended deceased from September 15, 1918 to August 27, 1930 that I last saw her alive on August 27, 1930, and that death occurred, on the date stated above, at 1:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation Heart
50
95B (duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (SECONDARY) Scirrhus carcinoma of Left Breast. (duration) 12 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Albert Beisbarth, M. D.
Aug 28 1930 (Address) 3548 So Grand

*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	DATE OF BURIAL
Valhalla Crematory	8-30 1930

20. UNDERTAKER	ADDRESS
Weick Bros	2201 So Grand

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.