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.

File No. 11866

Registered No. 3103

1. PLACE OF DEATH

County —

Registration District No. 791

Township —

Primary Registration District No. 1091

City St Louis (No. 3942 Flora St. Ward)

2. FULL NAME albert H Buser

(a) Residence. No. 3942 Flora 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. 5 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)
Male	White	widower

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (or ~~WIFE OF~~) Lydia Buser

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	1	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work manufacturer

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

(c) Name of employer Retired 5 yr.

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

PARENTS

10. NAME OF FATHER Ignatz Buser

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

12. MAIDEN NAME OF MOTHER Caroline Wettemann

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

14. INFORMANT Henry C Buser
(Address) 325 Belshazer ave

15. FILED ..., 19 ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/9 1931

17. I HEREBY CERTIFY, That I attended deceased from March, 1929, to March 9, 1931 that I last saw h. alive on March 8, 1931, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

CAB

CC

77

(duration) ... yrs. ... mos. 12 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 4 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? Symptoms & Phys. Findings

(Signed) [illegible], M. D.

, 19 (Address) Webster Groves Mo

*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
Bellefontaine	Mar 11 1931
20. UNDERTAKER	**ADDRESS**
Parker Land Co	Webster Groves