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.

14433

1. PLACE OF DEATH

County ..... Registration District No. 701 ..... File No. 3785

Township ..... Primary Registration District No. ..... Registered No. 3785

City St. Louis. (No. Home for the Aged. St. ..... Ward)

2. FULL NAME Herman Buschmann

(a) Residence, No. 3400 S. Grand Blvd. St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret E. Buschmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 8. 1848.

7. AGE: 83 YEARS, 11 MONTHS, 9 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day-Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Charles, Mo., 1

FATHER

13. NAME: Frank Buschmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know 31

MOTHER

15. MAIDEN NAME: Margaret Sloan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know

17. INFORMANT (ADDRESS): Sister Trénée 3400 S. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL: SS. Peter & Paul Cem. DATE April. 19 1932

19. UNDERTAKER (ADDRESS): J. H. Gedken Law N. Co 2842 Meramec Street.

20. FILED APR 18 1932 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932, to April 17, 1932

I last saw him alive on April 17, 1932. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	7
1072	
97	

Other contributory causes of importance:

Arterio Sclerosis	7

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Felix W. Sovera, M. D.

(Address) 3165 So. Grand