

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

Do not use this space.

30162

1. PLACE OF DEATH

92 County St. Charles Registration District No. 757
4 Township Primary Registration District No. 3036
8 City St. Charles (No. 410, Boone Ave St. Ward)

File No.
Registered No. 135

2. FULL NAME

Lawrence Bushdieker
(a) Residence, No. 410 Boone Ave St. Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 - 1932

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) St. Charles (STATE OR COUNTRY) Mo

FATHER
13. NAME Lawrence Bushdieker

14. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Viola Jones

16. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY) Mo

17. INFORMANT Viola Jones (ADDRESS) 410 Boone Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Sept 15, 1932

19. UNDERTAKER H. Hallmeyer, Sun Co (ADDRESS) 800 N. 1st St.

20. FILED 9/14, 1932 Hy. B. Bloebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1932

2. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1932, to Sept 13, 1932
I last saw h. m. alive on Sept 13, 1932. Death is said to have occurred on the date stated above, at 8:50 a.m.
The principal cause of death and related causes of importance were as follows:

Premature birth
59 6 1/2 month gestation
Other contributory causes of importance: 157 1
Date of onset

Name of operation none Date of
What test confirmed diagnosis? History Was there an autopsy? No

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? No
If so, specify
(Signed) Will L. Freeman, M. D.
(Address) St. Charles Mo

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.

WRITE PROMPTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

8 OCT 28 1932

