

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.

40612

1. PLACE OF DEATH

County

Registration District No.

File No.

Township

Primary Registration District No.

Registered No.

City

(No.)

St.

Ward

2. FULL NAME

(a) Residence, No.

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)

Aug. 14th 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

4

3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

Marion Co., Mo

FATHER

13. NAME

Johnie Buschmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Marion Co., Mo

MOTHER

15. MAIDEN NAME

Clara Struempfl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Marion Co., Mo

17. INFORMANT (ADDRESS)

John Buschmann, Marion Co., Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

2/18

32

19. UNDERTAKER (ADDRESS)

J. J. Kessling, 1111 N. 1st St., St. Louis, Mo

20. FILED

2/9/38

1938

J. J. Kessling, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Dec 17, 1932

I last saw him alive on Dec 17, 1932 Death is said

to have occurred on the date stated above, at 4 a.m. X

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

Bronchial Pneumonia

Date of onset 12-16-32

Other contributory causes of importance:

Tetany

Name of operation

Date of

What test confirmed diagnosis? Clinical 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

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) J. J. Kessling M. D.

(Address) Hermann, Mo.

