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.

37937

JAN 3 1934

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4729, Michigan St. ..... Ward)

File No. ..... Registered No. 9561

2. FULL NAME Emil Buser

(a) Residence, No. 4729 Michigan St., 15 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2nd, 1862

7. AGE: YEARS 71 | MONTHS 6 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Switzerland

FATHER

13. NAME E. Buser

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

MOTHER

15. MAIDEN NAME Notknowen

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

17. INFORMANT (ADDRESS) Hy Buser 4729 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mathews DATE Nov. 8th. 1933

19. UNDERTAKER (ADDRESS) Wm Schumacher 3013 Meramec St.

20. FILED NOV -6 1933 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Nov 5, 1933

I last saw him alive on Nov. 4, 1933 Death is said to have occurred on the date stated above, at 1:45 a m.

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

Chronic myocarditis — Date of onset unknown

Other contributory causes of importance: arterio-sclerosis — unknown

Name of operation none 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? no

If so, specify

(Signed) Natchneider, M. D.

(Address) 3318 S Grand St Louis Mo.

Alexian Bros. 10 A.M.