

JAN 8 1894

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

Do not use this space.

38031

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1073
(No. 4715a, Ashland ave.

File No. 9714
Registered No.
St. Ward)

2. FULL NAME Theresa Anna Buschen.

(a) Residence, No. St. 10 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED—
~~HUSBAND OF~~
(OR) WIFE OF Charles H. Buschen.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 16 1857.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 2 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Carlinseal
(STATE OR COUNTRY) Germany.

13. NAME John Peeken.

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

15. MAIDEN NAME unknown

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

17. INFORMANT Chas. H. Buschen
(ADDRESS) 4715a Ashland ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. DATE Nov. 13th. 1933

19. UNDERTAKER Wm. M. Polmann
(ADDRESS) 4834 N. 11th St. St. Louis

20. FILED 11/13/33 19...
J. Bredek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1927, to Nov 9, 1933
I last saw him alive on Nov 9, 1933 Death is said to have occurred on the date stated above, at 3:50 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
93C
Other contributory causes of importance: None
Date of onset about May 1912

Name of operation none Date of...
What test confirmed diagnosis? Stethoscope 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) Wm. M. Polmann M. D.
(Address) 4715a Ashland Ave. St. Louis, Mo.

5142 May 21