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.

OCT 11 1934

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

Do not use this space.

34121

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

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

City St. Louis, [redacted] (No. 3058a, Marcus Ave. St. ..... Ward)

File No. .....

Registered No. 8897

2. FULL NAME Elizabeth Buschmann

(a) Residence, No. 3058a Marcus Ave. St., 10 Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gustav Buschmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	9	11	

OCCUPATION

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

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) Germany

FATHER

13. NAME Herman B. Moench

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

MOTHER

15. MAIDEN NAME Amelia Zeissner

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

17. INFORMANT (ADDRESS) Gustav Buschmann 3058a Marcus Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Bethlehem Cem DATE 9/6/34 19

19. UNDERTAKER (ADDRESS) Wm. M. Schumacher 4834 Natural Bridge

20. FILED [illegible] 19 J F Brodeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-15-, 1934 to 9-3-, 1934

I last saw her alive on 9-3-, 1934. Death is said to have occurred on the date stated above, at 8:30 P.m.

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

Ca of Lung

Myocarditis Chronic

[illegible]

936

Other contributory causes of importance:

Date of onset

117

Name of operation None Date of .....

What test confirmed diagnosis Phy Exam 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) E. A. Lanscher, M. D.

(Address) 4885 Natural Bridge