

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

Do not use this space.

16105

JUN 20 1935

1. PLACE OF DEATH

County Pasadena
Township Canon
City Canon (No. _____ St. _____ Ward _____)

Registration District No. 305
Primary Registration District No. 5422

File No. _____
Registered No. 11

2. FULL NAME

(a) Residence, No. _____ St. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 5 3

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

13. NAME Kastin Buschmann

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

15. MAIDEN NAME Rebecca Feitmann

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

17. INFORMANT (ADDRESS) Paul W. Buschmann
722 Chandler Ave St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Queen's Hill Cemetery DATE 5 - 19 - 1935

19. UNDERTAKER (ADDRESS) W.F. Gattiker
Queen's Hill Mo.

20. FILED 6 - 5 - 1935 J.F. Ferrell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1933, 1933, to May 17, 1935
I last saw him alive on May 17, 1935 Death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:

uremia
Other contributory causes of importance: Chronic Nephritis
Date of onset 7 days
5 years

Name of operation Ton Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) Roscoe W. Wells, M. D.
(Address) Queen's Hill Mo.

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.

