APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10649

Township ..... Primary Registration District No. 1003 Registered No. 3223

City St. Louis, Mo. (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Elizabeth Bussmann

(a) Residence, No. 2118 Madison Street St., 20 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: Female
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 Late Henry A. Bussmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18th, 1868

7. AGE: YEARS 68 MONTHS 7 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

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. at home
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) Beardstown, Ill.

FATHER
13. NAME Frederick Voeller,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Marie Ecikenmoor,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mr. Lloyd Bussmann 2118 Madison Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beardstown, Ill. DATE Mar. 26th, 1937

19. UNDERTAKER (ADDRESS) Hy Leidner Mnd. Co. 1417 N. Market Str.

20. FILED MAR 24 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to Mar. 20, 1937

I last saw her alive on Mar 20, 1937. Death is said to have occurred on the date stated above, at 11:10 P.m.

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

	Date of onset
Mitral Regurgitation	May 15/33
Endocarditis	Mar 1/37

Other contributory causes of importance:

Chronic nephritis,	May 15/33
Senile agitation	

Name of operation None. 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? no Date of injury ....., 19....

Where did injury occur? no (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 no

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. F. Sleigal, M. D.

(Address) 1875 Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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