APR 26 1937

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

Do not use this space.

Emmans Home

1. PLACE OF DEATH
County St. Charles — Registration District No. 757 — File No. 13213
Township — Primary Registration District No. 5998 — Registered No. 56
City — (No. Emmans Home St. Ward)

2. FULL NAME Mrs. Josephine Bundschuh
(a) Residence, No. St. Charles Mo St., Ward. ST. LOUIS, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 2 mos. 7 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 Frank J. Bundschuh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1854

7. AGE: YEARS 83 — MONTHS 0 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) St. Louis, Mo.

FATHER
13. NAME Laurence Mattese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Catherine Buskopov
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Theophil Stoerker, St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fenton Mo DATE 3-22 1937

19. UNDERTAKER (ADDRESS) Kriegshauser Martuaries 4228 So. Kriegshighway

20. FILED 3/20 1937 Clarence G. Nessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 11th, 1936, to Mar. 18th, 1937
I last saw her alive on Mar 16th, 1937. Death is said to have occurred on the date stated above, at 11:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart.	Mar 18th

Other contributory causes of importance: Gen. Arteriosclerosis 5 yrs. Chronic Myocarditis +

Name of operation none Date of —
What test confirmed diagnosis Signs & Symptoms 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) A. P. Erich Schulz, M. D.
(Address) St Charles Mo.

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.