

JUN 28 1937

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

Do not use this space.

1. PLACE OF DEATH

92 County St. Charles  
Township St. Charles  
City St. Charles (No. 108)

Registration District No. 757  
Primary Registration District No. 3036  
Ward 1

File No. 21147  
Registered No. 87  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Lena Busdicker

(a) Residence, No. 108 N. 1st St., 2 Ward.

Length of residence in city or town where death occurred 13 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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Charles Busdicker</u>                          |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>July 10 - 1863</u>  |                                  |   |
| 7. AGE YEARS<br><u>73</u>   | MONTHS<br><u>9</u>               | DAY<br><u>28</u>  |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>None duties</u> |                                  |   |
| 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)<br><u>Cappella Mo.</u>   |                                  |   |
| 13. NAME<br><u>Dont know</u>  |                                  |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Dont know</u><br><u>Germany</u>                            |                                  |   |
| 15. MAIDEN NAME<br><u>Dont know</u>   |                                  |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Dont know</u><br><u>Germany</u>                            |                                  |   |
| 17. INFORMANT (ADDRESS)<br><u>Lena Busdicker</u><br><u>108 N. 1st St. St. Charles Mo.</u>                         |                                  |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>Cappella Mo.</u> DATE<br><u>May 11 1937</u>                         |                                  |   |
| 19. UNDERTAKER (ADDRESS)<br><u>Wentzville Mo.</u>   |                                  |   |
| 20. FILED <u>98</u> 19 <u>37</u> <u>Clarence H. Neuder</u><br>Registrar   |                                  |   |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1937

22. I HEREBY CERTIFY, That I attended deceased from March 13 1937 to May 8 1937  
I last saw her alive on May 8 1937 Death is said to have occurred on the date stated above, at 9:00 P.M.  
The principal cause of death and related causes of importance were as follows:

|                                    |               |
|------------------------------------|---------------|
| <u>Essential Hypertension</u>      | Date of onset |
| <u>and Coronary Disease</u>        | <u>?</u>      |
| <u>Generalized Atherosclerosis</u> | <u>?</u>      |

Other contributory causes of importance:  
Atherosclerotic kidney  
with uremia  
Chronic myocarditis  
Bronchopneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis: Cholesterol 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) R. O. Hayden, M. D.  
(Address) St. Charles, 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.

