

No. 2
-11-10-39
5-17-39
I X2149

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

5447

MAR 25 1941

1003

1695

Registration District No.

791

Primary Registration District No.

Registrar's No.

I. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Good Samaritan Home for the Aged. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs.
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town St. Louis. 1712
(If outside city or town limits write "RURAL")
(d) Street No. Same - 4500 Washington Blvd.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME CLARA BUSCHER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 20, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 1 hr. _____ min.

9. Birthplace Vincennes Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Sr. Olga Borgmann
(b) Address 4500 Washington Blvd.
17. (a) Burial (b) Date thereof Feb. 24, 1941.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wm. M. Schumacher
(b) Address 4834 Naturb Bridge
19. (a) FEB 22 1941 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21st
year 1941 hour 6:50 minute AM. M.

21. I hereby certify that I attended the deceased from Feb 6, 1941, to Feb 21, 1941, that I last saw her alive on Feb 19, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
Due to AT
Due to _____
Other conditions Senile dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature H. F. Bergmann (M. D. or other) M.D.
Address 3920 Washington Date signed 2/24/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3720 Washington Ave. St. Louis, Mo.
813-300-9111 2-3

Tr.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

John Stetter

Licensed Embalmer No. 3880

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.