

FILED APR 21 1941

No. 2
1-10-39
17-39
X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 8608
Registrar's No. 2018Registration District No. 791Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo
 (b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4516 Scott Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Life
years, months or days)

3. (a) PRINT FULL NAME Arthur Vincent Buscher8. (b) If veteran, name war No 3. (c) Social Security No. _____4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Ardella Buscher 6. (c) Age of husband or wife if alive 36 years7. Birth date of deceased 1-4-1904
(Month) (Day) (Year)8. AGE: Years 37 Months 1 Days 27 If less than one day _____ hr. _____ min.9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)10. Usual occupation ELECTRICIAN-ENGINEER11. Industry or business ELECTRICAL INDUSTRYMOTHER FATHER { 12. Name HENRY M. BUSCHER18. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)14. Maiden name MARGARET GRUNER15. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)16. (a) Informant MRS ARDELLE BUSCHER(b) Address 4516 Scott Ave17. (a) BURIAL (b) Date thereof 3-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY CEMETERY18. (a) Signature of funeral director SULLIVAN BROS(b) Address 2849 N. English Ave19. (a) MAP 3 1941 (b) J. D. Bledsoe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
 (c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 4516 Scott Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
 year 1941 hour 5 minute 15 P.M.21. I hereby certify that I attended the deceased from December 8, 1940, to March 1, 1941;
 that I last saw him alive on March 1, 1941;
 and that death occurred on the date and hour stated above.Immediate cause of death Acute Cardiac
DebatationDue to Chronic Bright's Disease Duration 5 mons.Due to Generalized Arteriosclerosis
with hypertension 2 yrs.Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
 Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____23. Signature Walter Henderson (M. D. or other) _____Address 333 Metropolitan Bldg Date signed 3-3-41

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

Metroplex, Dan Bldg
Monday - Noon 3-3/4
St 4141

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 *Albert Mayfield*

Licensed Embalmer No. *3077*

P. O. Address *St Louis Mo*

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.