

FILED FEB 24 1942

1003

Registration District No. _____ Primary Registration District No. _____

1. 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:
St. John's Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6214 Victoria Ave. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bernard H. Buescher

3. (b) If veteran, name war None 3. (c) Social Security No. 490-01-7714

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ann Buescher 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Aug. 31st 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 4 2 hr. min.

9. Birthplace St. Libory Illinois/
(City, town, or county) (State or foreign country)

10. Usual occupation Millwright Forest Park Lumber Co.

11. Industry or business _____

12. Name John Buescher

13. Birthplace St. Libory Illinois/
(City, town, or county) (State or foreign country)

14. Maiden name Scipia Brown

15. Birthplace Peoria Illinois/
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Buescher

(b) Address 6214 Victoria Ave.

17. (a) Burial (b) Date thereof 1-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 5 1942 (b) J. F. Gredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd
year 1942 hour 5:20 minute P.M.

21. I hereby certify that I attended the deceased from 10/28
41 1941 to 1/2/42 1942
that I last saw him alive on 1/2-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Les

Due to Chronic Alcoholism

Due to unobstructed

Other conditions Sen. Hemorrhage from

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy yes

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Chas. F. Muller (M. D. or other)

Address 408 Humboldt St. Date signed 1/6/42

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

MOTHER FATHER

Northalls Bldg.

Je 4980

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 *Elmer P. McSweeney*

Licensed Embalmer No. *3024*

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, fact should be so stated above.