

S. No. 2  
DM-5-42  
v. 5-17-39  
I X32873

31800

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 6 1942

Registration District No. .... Primary Registration District No. .... Registrar's No. **8988**

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

1. PLACE OF DEATH: **318**

(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:  
**Christian Hospital**  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution: **7 days**  
Specify whether

In this community: **St. Louis**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Cape Girardeau**

(c) City or town: **Jackson, Mo.**  
(If outside city or town limits, write "RURAL") **N.R.**

(d) Street No. ....  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country: **1**

3. (a) PRINT FULL NAME: **Marie Rosa Buschmann**

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

4. Sex: **Female** / race: **White**

5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Harry Buschmann**

6. (c) Age of husband or wife if alive: **48** years

7. Birth date of deceased: **Nov 27th 1904**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**37 11 0** hr. min.

9. Birthplace: **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name: **Frank Case**

13. Birthplace: **Unknown Ind.**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Rosa Griffith**

15. Birthplace: **Unknown Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Harry Buschmann**

(b) Address: **Jackson, Mo.**

17. (a) **Burial** (b) Date thereof: **10-30-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Jackson, Mo.**

18. (a) Signature of funeral director: **Albert H. Hoppe Inc.**

(b) Address: **4700 Washington Blvd.**

19. (a) **OCT 28 1942** (b) **J. R. Bradak**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **Oct** day: **28th**  
year: **42** hour: ..... minute: **2:00** A.M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;

that I last saw her alive on **Oct 27**, 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Congestive heart failure, supervening on a 10 day chronic myocardial & valvular deficiency**

Due to: **1670**

Due to: .....

Other conditions: (Includes pregnancy within 3 months of death) **PPH**

Major findings: **no**

Of operations: **no**

Of autopsy: **no**

PHYSICIAN: **no**

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) **no**

(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? **no**

While at work? **no** (Specify type of place) (e) Means of injury: **no**

23. Signature: **Lis A. Muller** (M. D. or other) **10-28**  
Address: **2829 N. Grand** Date signed: **10-28**

JUL 27 1954

JUN 17 1954

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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 Wilford G. Burnley  
Licensed Embalmer No. 4202  
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, fact should be so stated above.**