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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 96

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 269

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: PARKLANE HOSP. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether

In this community 1 DAY years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 8 17 9

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 11137 RIVERVIEW DR. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME JOSEPHINE H. BUSCHARD

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 MARRIED

6. (b) Name of husband or wife PETER A. BUSCHARD

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased MARCH (Month) 9 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	9	29	hr. min.

9. Birthplace ST. LOUIS CO. (City, town, or county) MO. O (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business

FATHER
12. Name JOHN SCHWEIER
13. Birthplace ST. LOUIS (City, town, or county) MO O (State or foreign country)

MOTHER
14. Maiden name ANNA VOSS
15. Birthplace ST. LOUIS (City, town, or county) MO O (State or foreign country)

16. (a) Informant Peter A. Buschard

(b) Address 11137 Riverview Drive

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 12 1943 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Diedrich Funeral Home

(b) Address 8319 Halls Ferry Rd.

19. (a) JAN 11 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 8 year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 7, 1943, to Jan 8, 1943 that I last saw h[illegible] alive on Jan 8, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Omental Hemorrhage — Duration 4 hrs

Due to Myalogenous Leukemia

Due to

Other conditions Anemia (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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 Wm. A. Knight (M. D. or other) MD

Address 8301 N. Broadway Date signed 1/11/43

(Licensed Embalmer's Statement on Reverse Side)

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.....Arthur P. Friedrich.....

Licensed Embalmer No.....3556.....

P. O. Address.....St Louis.....

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.