

FILED MAY 12 1949 318

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2428 Leffingwell /
(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 Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2428 Leffingwell
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Mary Ann Buschman

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Wm. Buschman 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased July 21, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>9</u>	<u>11</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

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

16. (a) Informant Joseph Buschman
 (b) Address 4486 Laclede Avenue

17. (a) Burial (b) Date thereof May 6, 1949
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.
 (b) Address 2201 So. Grand Blvd.

19. (a) MAY 5 1949 J. F. Busch
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
 year 1943 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec 12, 1942 to May 2, 1943
 that I last saw her alive on May 13, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Arteriosclerosis
Chronic Myocarditis

Due to.....
 Due to.....

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

Major findings:
 Of operations.....
 Of autopsy.....

Duration
 ?
 ?
 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 Frank Stamps (M. D. 0)
 Address 3924 S. Grand Blvd. Date signed 5/4/49

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

*No Change
of
3924 S. Second
of the 1 P.M.*

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 *Nancy A. Stewart*

Licensed Embalmer No. *3722*

P. O. Address *412 Washington*

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.