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PI X2244

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11955

State File No.

4106

FILED MAY 12 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days
In this community 70 Years (Specify whether 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. 7135 Idaho
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frederick W. Buschmann

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

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

6. (b) Name of husband or wife Bertha Buschmann 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 22, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 0 8 hr. min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Fred Buschmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Ellenbrock

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Buschmann

(b) Address 7135 Idaho Ave.

17. (a) Burial (b) Date thereof 5-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Fun. Home

(b) Address 6322 Grand

19. (a) MAY 3 1943 (b) J. F. Bredet
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1943 hour 9:28 minute P. M.

21. I hereby certify that I attended the deceased from April 12, 1943 to April 29, 1943

that I last saw him alive on April 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic Heart Disease

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy refused

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? _____

23. Signature Louis F. Needell, MD
Address 1515 Lafayette Avenue, Date signed 5/30/43

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

MOTHER FATHER

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..... *Virgil L. Benzman*.....
..... Licensed Embalmer No. *4018*.....
..... 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.