

FILED SEP 14 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29590

1. PLACE OF DEATH

County Warren
Township Charette
City (No. City, Ward)

Registration District No. 362
Primary Registration District No. 62.36

File No. 1
Registered No. 14
St. _____ Ward _____

2. FULL NAME Mathilda C. Buescher

(a) Residence, No. Marthasville, Mo. St. R.F.D. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dan Buescher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County, Mo.13. NAME Henry Taake14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Caroline Henmann16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Mr. Dan Buescher
Marthasville, Mo. R.F.D.18. BURIAL PLACE Warrenton, Mo. DATE 8-15-4319. UNDERTAKER (ADDRESS) F.W. Nieburg & Co.
Warrenton, Mo.20. FILED Aug. 14, 1943 Ethel Kehr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1943

22. I HEREBY CERTIFY, That I attended deceased from January, 1940 to Aug 11, 1943
I last saw h. alive on Aug 11, 1943 Death is said

to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

acute coronary thrombosis
coronary artery disease
Date of onset 1 1/2 hrs.
Other contributory causes of importance: 940
typo

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Hurst N. Schmidt M. D.
(Signed) Marthasville, Mo.
(Address)

WHITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me.

John F. Lieburg

Licensed Embalmer No. 3897

Warrenton, Mo.