

FILED FEB 18 1944

Registration District No. 1812

Primary Registration District No. 1003

Registrar's No. 1381

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

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:  
Good Samaritan Home, 54500 Washington Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3 1/2 Yrs.  
In this community. Life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 100  
(c) City or town. St. Louis 17  
(If outside city or town limits, write "RURAL") 912  
(d) Street No. 4500 Washington Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Anna Rebecca Buschmann

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

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

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

7. Birth date of deceased. March 31, 1858.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 10 10 hr. min.

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

10. Usual occupation. None

11. Industry or business

12. Name George D. Buschmann

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

14. Maiden name. Maria E. Buschmann

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

16. (a) Informant Rev. J. H. Overbeck, Supt.

(b) Address 4500 Washington Blvd.

17. (a) Cremation (b) Date thereof. Feb. 14, 1944.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Missouri Crematory

18. (a) Signature of funeral director. CALVIN F. FEUTZ FUNERAL HOME

(b) Address. 4828 Natural Bridge Blvd.

19. (a) FEB 12 1944 (b) J. F. Beedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11th,  
year 1944 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from Jan 21 1944 to Feb 11 1944  
that I last saw her alive on Jan Feb 3 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death. auricular fibrillation

Due to. 97

Due to. arteriosclerosis

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

Major findings:  
Of operations.  
Of autopsy.

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 H. F. Bergman (M. D. or other) M. D.  
Address 3720 Washington Date signed 2/12/44

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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.....

*John A. Melina*

Licensed Embalmer No. *4186*

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.**