

No. 2
1-5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38652

State File No. _____

FILED NOV 20 1944

Registration District No. 3058

Primary Registration District No. 3058

Registrar's No. 142

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 731 Decatur St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community Lifetime years, months or days

3. (a) PRINT FULL NAME Fredrick A. Bushdicker

3. (b) If veteran, name war No 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 Mary Hoennel 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August 25 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 15 If less than one day hr. _____ min. _____

9. Birthplace St. Charles County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Edmet A. Bushdicker

(b) Address 1610 Trendley, St. Charles, Mo.

17. (a) Burial (b) Date thereof Oct. 12-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bushdicker Cemetery

18. (a) Signature of funeral director H. C. Hallmeyer & Son

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 10-13-1944 (b) Edmet A. Bush
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles 9-7-9
(If outside city or town limits, write "RURAL")
(d) Street No. 731 Decatur St 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1944 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 5 1944 to 10-10 1944
that I last saw him alive on 10-10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cornary thrombosis?
Chronic cardiac degeneration
Due to Generalized atherosclerosis
Essential Hypertension
Duration ?
?

Other conditions Fractured rib Left 3d.
(Includes pregnancy within 3 months of death)

Major findings: Of operations No 1862-5-18
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) Accident 130

(b) Date of occurrence 10-7-44

(c) Where did injury occur? Hotel, no record no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? — (Specify type of place) (e) Means of injury fall

23. Signature R. O. Hayden (M. D. or other)

Address St. Charles, Mo Date signed 10/3/44

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

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 11-16-44

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 E. Ballmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.