

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

3937 ✓

FILED JAN 21 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 217

Primary Registration District No. 6276

Registrar's No. 103

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4920 Seibert, Gardenville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 39 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Gardenville
(If outside city or town limits, write "RURAL")
(d) Street No. 4920 Seibert
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Emma Buesking

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 Mr. Christian Buesking, Sr. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 28, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 6 13 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Christian Boettcher

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

14. Maiden name Dorothea Daude

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

16. (a) Informant George Roth

(b) Address 4920 Seibert

17. (a) Burial (b) Date thereof 1/14/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Lutheran Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue

19. (a) 1-14-46 (b) E. M. Baranick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10,
year 1946 hour 8: minute 40 A. M.

21. I hereby certify that I attended the deceased from 9-22-16-1945
12-16 1945 to 1-10-46 1946
that I last saw 46 alive on Jan 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Liver
Due to _____
Due to 46 f

Other conditions Anaemia
(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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature W. E. Goldenried, M.D. (M. D. or other)
Address 4203 Virginia Date signed _____

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

2084

707

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..... *Glew W. Hat*.....

Licensed Embalmer No. *23737*.....

P. O. Address..... *1936 St. Louis*.....

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.