

**FILED JUN 26 1946**  
**318**

**1003**

Registration District No. ....

Primary Registration District No. ....

Registrar's No. **5180**

**1. PLACE OF DEATH:**

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(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 .....  
(Specify whether  
In this community .....  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **309 Antelope St.**  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME **Carl Alfred Buescher (BUESCHER)**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 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 **October 25 1936**  
(Month) (Day) (Year)

8. AGE: Years **19** Months **7** Days **14** If less than one day  
hr. min.

9. Birthplace **Washington Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business .....

12. Name **Walter F. Buescher**

13. Birthplace **Hartsburg Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Olga Ackman**

15. Birthplace **Bernheimer, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ray Heggemann**

(b) Address **Washington, Mo.**

17. (a) **Burial** (b) Date thereof **6-12-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **JUN 10 1946** (b) **J. F. Bredeek**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **9**  
year **1946** hour **8** minutes **30.8** M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;

that I last saw him ..... alive on ..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death **Gunshot wound of abdomen self-inflicted at home 309 Antelope St on June 7, 1946 at attempt suicide.**

Due to **gunshot wound** Other conditions **Temporary mental aberration**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **164** 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) **suicide**

(b) Date of occurrence **June 7 1946**

(c) Where did injury occur **at home**  
(City, town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? **Dom** (Specify type of place) Means of injury **gun**

Signature **Patrick E. Taylor** Address **Dep. Coroner** Date signed **6/10/46**

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

**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..... *J. W. Wilkinson*.....  
Licensed Embalmer No..... *3575*.....

P. O. Address.....

**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.**