

FILED DEC 2 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9964**

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:
4542 Ashland Ave
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4542 Ashland Ave.
(If rural, give location)
(e) Citizen of foreign country? ~~###~~ **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ellen Mary Buschart

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 19th
year 1946 hour 2 minute 45 P. M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from 8-12-1944 to 11-8-1946
that I last saw her alive on 11-6-1946
and that death occurred on the date and hour stated above.

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

Immediate cause of death Cerebral thrombosis
Hypertension
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

6. (b) Name of husband or wife William Buschart 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 20 1895
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Arthur C. Matthews

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

14. Maiden name Elizabeth Vetter

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

16. (a) Informant William L Buschart

(b) Address 4542 Ashland Ave.,

17. (a) Burial (b) Date thereof 11-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem

18. (a) Signature of funeral director Alvin Brunt

(b) Address 4828 Noel Ridge Blvd

19. (a) NOV 22 1946 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

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? _____

While at work _____ (Specify type of place) _____
Means of injury _____
23. Signature Alvin Brunt (M. D. or other) _____
Address 3579 Mark Date signed 11-20-46

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

37205

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

Ralph C. Leinders

Licensed Embalmer No. *4275*

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.