

2  
-1/47  
-17-39

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **7135 Idaho**  
(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 **0-20**

(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**

(d) Street No. **7135 Idaho** (If rural, give location) **9**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Bertha Buschmann**

3. (b) If veteran name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** 22, year **1948** hour **6** minute \_\_\_\_\_ a. M.

21. I hereby certify that I attended the deceased from **Jan 21**, 19**48**, to **Jan 22**, 19**48**, and that death occurred on the date and hour stated above.

that I last saw him **alive on Jan 22** 19**48**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Fred W. Buschmann**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **August 27, 1867**  
(Month) (Day) (Year)

Immediate cause of death **Acute Coronary Thrombosis** **24 hrs**

Due to **arterio sclerosis** ?

Due to **Senility** ?

Other conditions **none**

(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<b>80</b>	<b>4</b>	<b>25</b>	_____br. _____min.

9. Birthplace **Missouri** **0**  
(City, town, or county) (State or foreign country)

**None**

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **Dan McManus** **4**

13. Birthplace **Ireland** **1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Bridget Carey**

15. Birthplace **Ireland** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wm. Powers**

(b) Address **7305 Vermont**

17. (a) **Burial** (b) Date thereof **1-24-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive Cemetery**

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **6322 S. Grand Blvd.,**

19. (a) **JAN 22 1948** (b) **J. F. Bredeen**  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause of 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)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **May Stauff** (M. D. or other) **M.D.**

Address **512 Over Place** Date signed **1/22/48**

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

MOTHER FATHER

DR STOPPARD OFF



---

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. Binkley  
Licensed Embalmer No. 3653

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.