

FILED AUG 12 1948
Registration District No. 18

Primary Registration District No.

1003

State File No.

Registrar's No.

6844

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..... **5321 Ruskin 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)

3. (a) PRINT FULL NAME..... **Elizabeth Buese**

3. (b) If veteran,
name war.....

3. (c) Social Security No.
None

4. Sex..... **Female** 5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Widow**
6. (b) Name of husband or wife..... **Frederick W. Buese**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **November 8 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 - 8 - 25
hr. min.

9. Birthplace..... **Belleville Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business.....

12. Name..... **Joseph Schrauth**

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

14. Maiden name..... **Unknown**

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

16. (a) Informant..... **Kurt Buese**

(b) Address..... **5321 Ruskin Ave.**

17. (a) **Burial** (b) Date thereof..... **8/6/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park**

18. (a) Signature of funeral director..... **Stroot-Carroll**

(b) Address..... **4600 Natural Bridge Ave.**

AUG 4 1948 (b) **J. J. Bueseck**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis**
(c) City or town..... **5321 Ruskin Ave.**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug.** day..... **3**
year..... **1948** hour..... **4** minute..... **10** A. M.

21. I hereby certify that I attended the deceased from.....
that I last saw him..... alive on.....
and that death occurred on the date and hour stated above.....

Immediate cause of death..... **Cerebral Embolism**

Due to.....

Due to..... **Arteriosclerosis**

Other conditions.....
(Include pregnancy within 3 months of death)

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?.....

While at work?.....

23. Signature..... **J. J. Bueseck** (M. D. or other).....

Address..... **4119 W. Belmont** Date signed..... **8/7/48**

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. Allen Davis

Licensed Embalmer No. *# 4053*

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.