

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
c. LENGTH OF STAY (in this place) 60 yrs +		d. STREET ADDRESS (If rural, give location) 1116 North Benton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1116 North Benton AVE.		e. STREET ADDRESS 1116 North Benton	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) S.	c. (Last) Buschmeyer	4. DATE OF DEATH (Month) (Day) (Year) January 16 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 11, 1867	9. AGE (in years last birthday) 85	Months 0	Days 5	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) O'Fallon, Missouri	12. COUNTRY OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Anton Hoester	13b. MOTHER'S MAIDEN NAME Gertrude Tape	14. NAME OF HUSBAND XXXX Dec'd Martin Buschmeyer 1937
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME Vincent Buschmeyer (son)	ADDRESS St. Charles, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis		2 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. generalized arteriosclerosis			10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4-2-21	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1949, to Jan 16, 1952, that I last saw the deceased alive on Jan 16, 1952, and that death occurred at 2:45 m., from the causes and on the date stated above.

23a. SIGNATURE George E. Kruter (Degree or title) M.D.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 1/16/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 18-1952	24c. NAME OF CEMETERY St. Charles Borromeo	24d. LOCATION (City, town, or county) (State) St. Charles County, Mo.
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DATE REC'D BY LOCAL REG. 1-16-52	REGISTRAR'S SIGNATURE Therese Schubert	25. FUNERAL DIRECTOR'S SIGNATURE H.C. Ballmeyer & Sons Co.	ADDRESS 800 N. 2nd St. Charles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Herbert C. Gallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.