

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14098

State File No. 3204

FILED MAY 3- 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gardenville</u> <u>486 A</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>4910 Seibert Ave.</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Lizzie</u>	a. (First)	b. (Middle) <u>Buesking</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>4/4/52</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u> <u>0</u>	8. DATE OF BIRTH <u>12/7/1877</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 28 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Christian Buesking</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Paul</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Theo. Wiesehan</u>	ADDRESS <u>4910 Seibert Ave.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asthma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>4-5 years</u> <u>15 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Endocarditis</u>		
	DUE TO (c) <u>Obesity</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4214</u>
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22. I hereby certify that I attended the deceased from 4/1, 1952, to 4/4, 1952, that I last saw the deceased alive on 4/4, 1952 and that death occurred at 8:25 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Kelley M.D.</u> (Degree or title)	23b. ADDRESS <u>9915 Gravois R</u>	23c. DATE SIGNED <u>4/4/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal #</u>	24b. DATE <u>4-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Our Redeemer</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>APR 5 1952</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Baidewieden F.H. Inc.</u>	ADDRESS <u>1936 St. Louis Ave</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Walter Kelley  
9915 Gravois  
Hu 0330  
1-3 PM  
7-8 PM

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed *Delia J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *1936 Sh Lane*

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.