.S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1953

State File No. 2908

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0110

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 88 yrs

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2019

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 616 BELLERIVE BLVD

d. STREET ADDRESS (If rural, give location) 616 BELLERIVE BLVD

3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) c. (Last) BUESCHING

4. DATE OF DEATH (Month) JAN. (Day) 4 (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH MARCH 13, 1864
9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME FREDERICK BUESCHING
13b. MOTHER'S MAIDEN NAME EMMA STIFEL
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME MRS. LILLY OLIVER ADDRESS 616 Bellerive

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis. INTERVAL BETWEEN ONSET AND DEATH 18 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-vascular disease.
DUE TO (c) Senility

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 ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 443X

22. *I hereby certify that I attended the deceased from* 1/6/44, 19__, *to* 1/4/53, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Geo H. Martin, M.D. (Degree or title)
23b. ADDRESS 3167 S. Grand ave.
23c. DATE SIGNED 1/5/53.

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JAN. 7, 1953
24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEM.
24d. LOCATION (City, town, or county) ST. LOUIS (State) MO

DATE REC'D BY LOCAL REG. JAN 5 1953
REGISTRAR'S SIGNATURE J Carl Smith MD MSB
25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H., INC ADDRESS 1936 St Louis Av

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Geo. H. Mathae
3167 S. Grand Av.,
1 - 2 P. M.

8/7

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 Felix J. Krupin

Licensed Embalmer No. 3497

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.