

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15528****3061**

FILED APR 18 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

St. Louis, Mo.

c. LENGTH OF STAY (In this place)

45 yrs

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

Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

MISSOURI

b. COUNTY

St. Louis

c. CITY OR TOWN

Affton

d. Is Residence within limits of a city or incorporated town?
Yes No

e. STREET ADDRESS (If rural, give location)

4915 Heege Rd.

4870

3. NAME OF DECEASED (Type or Print)

a. (First)
EVELYN

b. (Middle)

c. (Last)
BUESKING

4. DATE OF DEATH

(Month) (Day) (Year)
March 19, 1953

5. SEX

female

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Aug. 27, 1907

9. AGE (In years last birthday)

45

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)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (City and State or Foreign Country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME

Herman Ulrich

13b. MOTHER'S MAIDEN NAME

Frieda Zimmerli

14. NAME OF HUSBAND OR WIFE

Otto Buesking

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 ADDRESS
Otto Buesking, 4915 Heege Rd., Affton, Mo.

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Chromocystitis

Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

7 year

4 year

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

4214

22. I hereby certify that I attended the deceased from Jan 27, 1940 to March 19, 1953, that I last saw the deceased alive on March 19, 1953, and that death occurred at 11:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Walter L. Kelly M.D.

23b. ADDRESS

9915 Greaves

23c. DATE SIGNED

March 22/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

removal

24b. DATE

Mar. 23, 1953

24c. NAME OF CEMETERY OR CREMATORY

Our Redeemer Cemetery

24d. LOCATION (City, town, or county) (State)

St. Louis County, Mo.

DATE REC'D BY LOCAL REG.

MAR 21 1953

REGISTRAR'S SIGNATURE

J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Beiderwieden F.H. Inc., 1936 St. Louis Ave.

ADDRESS

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

DR. WALTER L. KELLEY
9915 Gravols Rd.
St. Louis 0330
2-3 p.m.

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 _____
Signature of Student Embalmer

Signed Delis J. Krupin
Licensed Embalmer No. 3497
P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.