

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19246

State File No.

REC'D JUN 1 - 1953

318

1003

4888

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY 22			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)			c. LENGTH OF STAY (In this place) 3 Days		c. CITY OR TOWN St. Louis, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin De Loge Hospital				e. STREET ADDRESS 23 2608 Iowa Ave. (If rural, give location)							
3. NAME OF DECEASED (Type or Print) a. (First) Arthur			b. (Middle) G.		c. (Last) Buschmann		4. DATE OF DEATH (Month) (Day) (Year) May 12, 1953				
5. SEX Male <input type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <input type="radio"/>		8. DATE OF BIRTH Sept. 16, 1910		9. AGE (In years last birthday) 42 IF UNDER 1 YEAR: Months 7 Days 26 IF UNDER 24 HRS.: Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Dealer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George Buschmann			13b. MOTHER'S MAIDEN NAME Mathilda Timpe			14. NAME OF HUSBAND OR WIFE					
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. 486-38-7891		17. INFORMANT'S SIGNATURE OR NAME Mathilda Timpe					ADDRESS 2608 Iowa Ave.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cerebra						INTERVAL BETWEEN ONSET AND DEATH 1 yr 3 da.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5811							
22. I hereby certify that I attended the deceased from 1951 19 May 12 , 19 53 , that I last saw the deceased alive on May 12, 1953 , and that death occurred at 8 P m., from the causes and on the date stated above.											
23a. SIGNATURE W. A. Keup			(Degree or title) M.D.			23b. ADDRESS 4161 Kessler Blvd.		23c. DATE SIGNED 5/12/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/15/53		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. MAY 14 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons					ADDRESS 2630 Gravois Ave.	

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

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..... *Robert F. Gibson*

Licensed Embalmer No..... 4144

P. O. Address..... 2630 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.