FILED NOV 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40247

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10706

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) LIFE.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DE-PAUL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI. b. COUNTY —
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2269 0
d. STREET ADDRESS (If rural, give location) 26 1724 NO. 20TH ST.

3. NAME OF DECEASED (Type or Print) a. (First) CASPER b. (Middle) ANTHONY c. (Last) BUESCHER

4. DATE OF DEATH (Month) (Day) (Year) NOV. 8TH 1953

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER-MARRIED
8. DATE OF BIRTH DEC. 24TH 1883
9. AGE (In years last birthday) 69 YRS. 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) UPHOLSTERER
10b. KIND OF BUSINESS OR INDUSTRY KREGEL-CASKET. CO.
11. BIRTHPLACE (State or foreign country) ST. LOUIS - MISSOURI. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME HENRY-BUESCHER
13b. MOTHER'S MAIDEN NAME MARY-KUESTERSTEFFEN
14. NAME OF HUSBAND OR WIFE <SINGLE->

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service) NONE.
16. SOCIAL SECURITY NO. 490-03-9807.
17. INFORMANT'S SIGNATURE OR NAME Louisa Klostermayer Exec. of Estate 1607 N. 20th St. City ADDRESS

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) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) art sclerosis cor. vessels — unk
DUE TO (c)

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? 4201

22. *I hereby certify that I attended the deceased from* Feb, 1949, *to* 11-8, 1953, *that I last saw the deceased alive on* 11-7, 1953, *and that death occurred at* 12:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wayne O Sarla MD
23b. ADDRESS 2739 No Grand
23c. DATE SIGNED 11-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE NOV. 11TH 1953
24c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY.
24d. LOCATION (City, town, or county) ST. LOUIS (State) MO.

DATE REC'D BY LOCAL REG. NOV 10 1953
REGISTRAR'S SIGNATURE J Earl Smith MD MPH
25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co. **ADDRESS** 1827-HOGAN. ST.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed John S. Klemeh

Licensed Embalmer No. 41940

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.