

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22043

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1002

City St. Louis (No. 4321 - Wilcox Ave)

File No.

Registered No. 6210

St. Ward)

2. FULL NAME

(a) Residence. No. 4321 Wilcox Ave St. 15 Ward. (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

Yrs.

mos.

da.

How long in U.S., if of foreign birth?

Yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

George Buschmochle

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 16 - 1859

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or ... min.

68

10

21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo.

10. NAME OF FATHER

Jacob Armbruster

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

Atto Buschmochle
3236 Morganford Road

15.

FILED

19

JUN 10 1928

May C. Stahlert
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 7 1928

17.

I HEREBY CERTIFY, That I attended deceased from March 18 1928 to June 7 1928 and that I last saw him alive on June 7 1928 and that death occurred, on the date stated above, at 410 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Dil. Heart.

CONTRIBUTORY (SECONDARY)

Chronic Degenerative Nephritis

18. WHERE WAS DISEASE CONTRACTED

IF GREAT PLACE OF DEATH

4321 Wilcox

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

WHAT TEST CONFIRMED DIAGNOSIS: Phys. and Jur. Tests
(Signed) James Smith M. D.

1928 (Address) 4930 Linden Bl

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Peter Paul

June 11 1928

20. UNDERTAKER

Wacker-Helders

2331 S. Bluff

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

