

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

Do not use this space.

37114

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 4827a, Farlin ave)

File No.
Registered No. 9711
St. Ward

2. FULL NAME Margaret Buschmann

(a) Residence, No. St. 7 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 31, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	80	2	2-	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER 13. NAME John Rocktaschen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

17. INFORMANT Anna Mehlle - Farlin
(ADDRESS) 4827 - Farlin

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cemetery DATE Nov 3, 1932

19. UNDERTAKER (ADDRESS) Wm. Schumacher
1824 Walnut St. St. Louis

20. FILED NOV - 2 1932 Wm. Schumacher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1925 to Nov. 2, 1932

I last saw h. or alive on Nov 1, 1932 Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

8:00 AM
Cerebral Hemorrhage
(apoplexy)

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Wm. Schumacher, M. D.
(Address) 413 Eastern

WHITE PLAIN PAPER UNFADING INK - 100% A-1

CAUSE OF DEATH - in plain terms, so that it may be properly classified. I advise that it may be properly classified. AGE, sex, and occupation should be carefully supplied. OCCUPATION is very important. FULLY. PHYSICIANS should state

