JUN 2 8 1935

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

Do not use this space.

1. PLACE OF DEATH
County St Charles Mo
Township St Charles
City ..... (No. ..... St. ..... Ward)

Registration District No. 757
Primary Registration District No. 5998

File No. 17543
Registered No. 66

2. FULL NAME Charles Henry Bushdiecker Jr
(a) Residence, No. 2058 N Main Str St., ... Ward.
(Usual place of abode) St Charles
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17th 1922

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
13	0	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School
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) Silex Mo.

FATHER
13. NAME Charles H. Bushdiecker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

MOTHER
15. MAIDEN NAME Mollisse Coose
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Silex

17. INFORMANT (ADDRESS) Charles H. Bushdiecker 2058 N. Main Str

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem DATE 6-8 1935

19. UNDERTAKER (ADDRESS) H. A. Dallmeyer & Sons Co. St. Charles Mo

20. FILED 6/10 1935 Clarence G. Wessler
Registrar A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2nd, 1935

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ Held inquest June 8th, 1935
~~I last saw h~~ ..... ~~alive on~~ ..... ~~19~~ ..... Death is said to have occurred on the date stated above, at 6:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental drowning by falling in the Missouri River while suffering an epileptic fit. He was fishing at the time of falling.	May 2 1935

Other contributory causes of importance:

The coroner viewed the remains and held inquest.

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Name of operation None Date of —
What was confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury May 2, 1935
Where did injury occur? Near St Charles Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
public place
Manner of injury falling in river
Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify none
(Signed) Will L Freeman, M. D.
(Address) St Charles Mo
Coroner of St Charles Co Mo
Coroner St Chas Co Mo

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.

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CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County St. Charles
Township St. Charles
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 757
Primary Registration District No. 5998

File No. .....
Registered No. .....

2. FULL NAME Chas Henry Buschdiecker

(a) Residence, No. ..... St., ... 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
13	0	15	

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

17. INFORMANT .....
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. UNDERTAKER .....
(ADDRESS)

20. FILED July 16 1935 Clarence G. Wessler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Accidental drowning
No boat involved. etc.
accident caused by falling in river while fishing.

Date of onset

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) Will F. Freeman, M. D.
(Address) St Charles Mo
Coroner of St Charles Co Mo

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SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 12 1935

S-17543