Wm. Young
Page Ave.

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

Do not use this space.

File No. 13649
Registered No. 22

1. PLACE OF DEATH

County St. Louis — Registration District No. 1160
Township ~~Normandy~~ — Primary Registration District No. 4470
City University (No. 7517, LIBERTY St. ..... Ward)

2. FULL NAME Clara Buser

(a) Residence, No. 7517 Liberty 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF John E. Buser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 24-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	4	25	

OCCUPATION

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

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) 1931 — 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Madison, Ia.

FATHER

13. NAME Abraham Wolter

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Clarence W. Buser
(ADDRESS) 7517 Liberty U. City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burlington, Iowa DATE 2-19-37, 19 37

19. UNDERTAKER Baumann Bros. Inc.
(ADDRESS) 2501 Woodson St. Overland, Mo.

20. FILED Feb. 18, 1937 Lena V. Moeller, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1937, to Feb. 16th, 1937
I last saw her alive on 2-16, 1937. Death is said to have occurred on the date stated above, at 10:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic.	

Other contributory causes of importance:

Nephritis, Chronic	
Arteriosclerosis. Hypertension	

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) Anthony O. Young, M. D.
(Address) 8136 Page Blvd.

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.