

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

35661
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH
(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St Louis MO** (d) Street No. **442I Pershing Ave** Registered No. **9238**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Eunice Barnes Buschman**
(a) Residence, No. **442I Pershing Ave** St. **19**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Kenneth B buschman.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 24, 1904.**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
35 33 7 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as 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) **Ellington**
(STATE OR COUNTRY) **Mo.**

13. NAME **Ulysses Barnes**

14. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY)

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Kenneth Buschman**
(ADDRESS) **442I Pershing Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Laird Cem.** DATE **10-4-37**

19. FUNERAL DIRECTOR **Kriegshauser Mortuaries**
(ADDRESS) **4228 So. Kingshighway**

20. FILED **OCT 9 1937** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-30**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 36**, 19**36** to **death-9-30**, 19**37**

I last saw h. or alive on **9.27.37** Death is said to have occurred on the date stated above, at **10 P. m.**

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

Carcinoma, L. Breast Date of onset **about 1936**
50

Other contributory causes of importance:
Metastases to Mediastinum

Name of operation **Radical Breast** Date of **2-4-36**
What test confirmed diagnosis? **Micropsy** Was there an autopsy? **No.**

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) **E. L. Keyes**, M. D.
(Address) **400 Metropolitan**

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.

899
31
38

Mr. Stuebel or Mr. Hayes
Mch 12-22

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Edwin M. Stewart

Licensed Embalmer No.

3024

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