

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

30708
Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Alexian Bros. Hospital** Registered No. **8145**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 **Henry Buschschulte**
 (a) Residence, No. **4101 Louisiana Ave** St. **15** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 8, 1874**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 9 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Steel worker**
 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) (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Frank Buschschulte**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont know**

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

17. INFORMANT (ADDRESS) **Henry W. Buschschulte**
4071 Gravois Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 13th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 4**, 19**38**, to **Sept 13**, 19**38**
 I last saw alive on **Sept 13 1938**, 19..... Death is said to have occurred on the date stated above, at **7:35 P**
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset **1937**
Carcinoma of tail of pancreas **1938**

Other contributory causes of importance: **None**

Name of operation **none** Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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? **No.**
 If so, specify.....
 (Signed) **Tupper Allen**, M. D.
 (Address) **2853 Orange St**

18. BURIAL, CREMATION, OR REMOVAL
SS. Peter and Paul Cem DATE **Sept. 16, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS)
J. W. Gibben & Co.
2842 Beramec Street

20. FILED **SEP 15 1938**
J. D. Budick Local Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Herman A. Gebken

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec Str

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.)

If this body is not embalmed, above space should be left blank.