

DEC 12 1938

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

37214
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 4071 Gravois Ave. Registered No. 9541
 (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 Genevieve Brauch-Buschulte

(a) Residence, No. 4071 Gravois Ave. St. 15
 (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 Henry W. Buschulte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 10 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 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) East St. Louis (STATE OR COUNTRY) Ill.

FATHER 13. NAME Grant Pitts.

14. BIRTHPLACE (CITY OR TOWN) Dont Know. (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME Josephine Williams

16. BIRTHPLACE (CITY OR TOWN) Dont Know. (STATE OR COUNTRY) 9

17. INFORMANT Henry W. Buschulte (ADDRESS) 4071 Gravois Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE East St. Louis, Ills Nov. 4, 1938

19. FUNERAL DIRECTOR (NAME) J. H. Gebben & Co (ADDRESS) 2842 Maramee St.

20. FILED 1938 19 Nov 2 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1938, to Nov 2, 1938

I last saw her alive on Nov 1, 1938 Death is said to have occurred on the date stated above, at 4:40 A.M.

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

General Carcinomatosis following Carcinoma of Cervix Uteri & Implantation of radium on 4-6-38 and 8-11-38 for Carcinos of uterus

Other contributory causes of importance:

Name of operation Radium implantation Date of 4-6-38
 What test confirmed diagnosis? Biopsy 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? no
 If so, specify _____ (Signed) W. M. Wynn, M. D.
 (Address) 462 - N. Taylor Ave.

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.

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 Meisner St*

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.