S. No. 2
M—1-4-41
v. 5-17-39
I X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

State File No. 128

Registrar's No. 362

000 17 9

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 16

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3656 Wyoming St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BERTHA BUSCHER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November (Month) 6 (Day) 1862 (Year)

8. AGE: Years 79 Months 2 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Hagemann
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Louise Langenbach
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant John B. Buscher

(b) Address 3656 Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/42 (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter and Paul

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa St.

19. (a) JAN 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 11 year 1942 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from Jan 6-42, 19 to Jan 11 42, 19; that I last saw her alive on Jan 11 42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Hypostatic)

Due to Fracture right hip

Due to on 1/6/42

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence 1/6/42

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury fall

23. Signature F. S. Bernard (M. D. or other) M.D.

Address 3115 So Grand Date signed 1/12/42

(Licensed Embalmer's Statement on Reverse Side)

## 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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ernest W. Spillers

Licensed Embalmer No. 14080

P. O. Address.....

**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, fact should be so stated above.**