

Registration District No. 791

Primary Registration District No. 1003

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:  
On Bus at Gravois and Chippewa Sts.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3501a Gravois Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20  
year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from  
to  
that I last saw h. alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute Dilatation of Heart  
with Regurgitation

Due to  
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)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work? (a) Means of injury?  
23. Signature Alfred Perry (M. D. or other)  
Address Alfred Perry Date signed 2/21/42

3. (a) PRINT FULL NAME Julia Buesching  
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased May 8, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 9 12 hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Frederick Buesching  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Stifel  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Buesching  
(b) Address 3501a Arsenal St.

17. (a) Burial (b) Date thereof Feb. 23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine Cm.

18. (a) Signature of funeral director Weick Bros. Und. Co.  
(b) Address 2201 S. Grand Bl.

19. (a) FEB 22 1942 (b) J. H. Buesching  
(Date received local registrar) (Registrar's signature)

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

329

**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.....



Licensed Embalmer No. 3722.....

P. O. Address. 412 Duchouquette 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, fact should be so stated above.**