

FILED DEC 1 1942

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9660

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County.....
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 7345 Vermont
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT Barbara Buese
FULL NAME

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 WIDOWED

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

7. Birth date of deceased Apr. 20 - 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 29 hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSE

MOTHER FATHER { 12. Name HENRY FISCHER
13. Birthplace GER 4
(City, town, or county) (State or foreign country)
14. Maiden name MARIAN RIENE
15. Birthplace GER. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Buese
(b) Address 7345 Vermont, An

17. (a) BURIAL (b) Date thereof 11/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director J. P. Madala Jr.

(b) Address 7128 Michigan

19. (a) NOV 20 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19,
year 1942 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from November 14, 19 42 to November 19, 19 42
that I last saw h. er alive on November 19, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic heart disease
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy Refused.

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?

While at work?..... (Specify type of place)
(a) means of injury.....

23. Signature Dwight Stensen D. of other.....
Address 1515 Lafayette Ave. Date signed 11/19/42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 Harry J. Schumacher
Licensed Embalmer No. 2679

P. O. Address 737 Fernwood

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.)

1. If this body is not embalmed, fact should be so stated above.