

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town (Rural)  
 (c) Name of hospital or institution: none Creve Coeur, Mo. R #1.  
 (d) Length of stay: In hospital or institution none  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Rural. Bonhomme Tushh.  
 (d) Street No. Conway Rd. near Mason.  
 (e) Citizen of foreign country? no  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
 year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 15  
 that I last saw him alive on March 8  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Dehiscence  
 Due to Myocarditis & Hypertension  
 Other conditions: Coronary Calcification  
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy no

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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

3. (a) PRINT FULL NAME John Henry Buescher

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bertha Buescher 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov. 10, 1877  
 (Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 2 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Own farm

12. Name Stephen F. Buescher

13. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Louisa Kopadt

15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Buescher

(b) Address Creve Coeur, Mo. R #1.

17. (a) Burial (b) Date thereof 3/16/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cem. St. Louis Co.

18. (a) Signature of funeral director Schrader Funeral Home  
 (b) Address Ballwin, Mo.

19. MAR 16 1943 (b) E. S. McCarroll  
 (Date of registration) (Registrar's signature)

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

16  
0

X24390

MOTHER FATHER

MAR 16 1943

96

9

9

1

12

30 P.M.

1943

1943

1943

1943

1943

1943

1943

1943

1943

1943

1943

1943

APR 21 1943

---

---

**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..... *Theo Schrader* .....

Licensed Embalmer No. *3066*

P. O. Address *Bellewin, Mo.*

**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.**