S. No. 2
M—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11342

State File No. 0

FILED APR 15 1943

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 166

1. PLACE OF DEATH:
(a) County ST. LOUIS COUNTY
(b) City or town JEFFERSON BARRACKS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
VETERANS ADMINISTRATION FACILITY 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Four days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison .999 11
(c) City or town Collinsville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 207 N. Morrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Buesking, Henry
3. (b) If veteran, name war W. W. 3. (c) Social Security No.
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Buesking 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 1 (Day) 1891 (Year)

8. AGE: Years 51 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Collinsville, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Painter
11. Industry or business
FATHER 12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant GOVERNMENT RECORDS,
(b) Address Vet. Adm. Fac., Jeff. Bks., Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof March 30 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Collinsville, Ill
18. (a) Signature of funeral director Herbert A. Kassly
(b) Address Collinsville, Ill.
19. (a) 3-30-43 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29th year 1943 hour 6 p.m. minute M.
21. I hereby certify that I attended the deceased from Mar. 26th 1943 to Mar. 29th 1943 that I last saw him alive on Mar. 29th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease, cardiac enlargement myocardial damage, dyspnea and orthopnea - Class IV
Due to Unknown
Due to
Other conditions Nephritis, chronic with edema, nitrogen retention and impending uremia
(Include pregnancy within 3 months of death)
Major findings:
Of operations Hypertensia, Artery
Of autopsy None 131a

Duration: Unknown

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 None
(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? (e) Means of injury
23. Signature L. M. COCHRAN, M.D., M.C.D. (M.D. or other)
Address CHIEF MEDICAL OFFICER. Date signed 3-29-43

707 (Licensed Embalmer's Statement on Reverse Side)

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

AUG 23 1944

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.....

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.