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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2 - 1943 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29779

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 8574

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: DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 99
(If outside city or town limits, write "RURAL")

(d) Street No. 2039 E. Fair Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Harry H. Buescher

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Paula S. Buescher nee Bill

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased September 23, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	0	1	hr. min.

9. Birthplace St. Louis County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture mover.

11. Industry or business _____

FATHER
12. Name Stephen H. Buescher
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christine Buenemann
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Paula S. Buescher
(b) Address 2039 E. Fair Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/43 (Month) (Day) (Year)
(c) Place: burial or cremation Laurell Hill Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) SEP 28 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th
year 1943 hour 11:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from JAN 1, 19 43, to Sept 24, 19 43
that I last saw him alive on Sept 24, 19 ___;
and that death occurred on the date and hour stated above.

Immediate cause of death APLASTIC ANEMIA 2 yr.

Due to _____

Due to _____

Other conditions 73
(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? _____ (e) Means of injury _____

23. Signature [signature] (M. D. or other) MD

Address 4444 W Florissant Date signed 9/27/43

(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 Francis A Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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.