

FILED JAN 10 1944

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 204

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

92
9
3

1. PLACE OF DEATH:

(a) County ST. CHARLES
(b) City or town ST. CHARLES
(c) Name of hospital or institution: ST. JOSEPH HOSPIT.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether years, months or days)

8. (a) PRINT FULL NAME PAULINE C. BUESCHER

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ERVIN BUESCHER 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased AUGUST 22 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 3 19 hr. _____ min.

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

10. Usual occupation HOUSE WORK

11. Industry or business _____

12. Name MARTIN HAAS

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

14. Maiden name ALGIER

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

16. (a) Informant ERVIN BUESCHER

(b) Address R 2 ST. CHARLES MO

17. (a) BURIAL (b) Date thereof DEC. 14 '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COTTLEVILLE MO

18. (a) Signature of funeral director E. O'Fallon

(b) Address O'FALLON MO

19. (a) 12-11-1943 (b) Conrad E. Paul
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. CHARLES
(c) City or town COTTLEVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ / _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 11
year 1943 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4:25 1943, to Dec 11 1943; that I last saw h. EX alive on Dec 11 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to nephritis (chronic) 10 yrs?
kidney tumor (right) 8 yrs?

Due to _____
Other conditions chronic nephritis 10 yrs?
(Include pregnancy within 3 months of death)

Major findings: Of operations 12/14
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Benny Straten (M. D. or other) MD
Address St. Charles Mo Date signed 12/13/43

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 Ed Keithly

Licensed Embalmer No. 822

P. O. Address Fallon 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, above space should be left blank.