

X32873

**FILED** APR 17 1946

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 51

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town "Rural"  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Charles County Home <sup>5</sup> (4 days)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

In this community                       
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 2058 N. Main Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country                     

3. (a) PRINT FULL NAME Charles H. Bushdiecker

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23  
year 1946 hour 4:00 minute P.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Missie (Coose) Bushdiecker

6. (c) Age of husband or wife if 49 years

7. Birth date of deceased: January 1 1891  
(Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>1</u>	<u>22</u>	<u>          </u> hr. <u>          </u> min.

Immediate cause of death Parkinson's disease and hemorrhage of right kidney.

Due to                     

Due to                     

Other conditions (include pregnancy within 3 months of death)                     

9. Birthplace St. Charles Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Steel Worker

11. Industry or business American Car & Fdy Co

MOTHER FATHER { 12. Name Frederick Wm Bushdiecker

13. Birthplace St. Charles Co., Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Koenneker

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

16. (a) Informant Mrs. Mabel Ostmann (sister)

(b) Address 139 N. Kingshighway - St. Charles

17. (a) burial (b) Date thereof Feb 26 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co

(b) Address 800 N. 2nd St. Charles, Mo.

19. (a) March 10 - 46 Norma Hamilton  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations                     

Of autopsy                     

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                      Date signed 3-21-46

Duration                     

PHYSICIAN                     

Underline the cause to which death should be charged statistically.

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

1011

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 4-16-46

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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.....

Philip A. Miceli, Registered Apprentice No. 388  
working under my personal supervision.

Signed John E. Dallmeyer  
Licensed Embalmer No. 2957  
P. O. Address St Charles 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.