

S. No. 2
M-5-43
5-17-39
I X36671

FILED JUN 6 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1757

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2018 Sidney Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 63 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Buscher

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Laura Tritschler
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased June 22, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 3 hr. min.

9. Birthplace Lithuania
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Terminal Railway

12. Name Karl Buscher

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

14. Maiden name Barbara Seidenberg

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

16. (a) Informant Mathilde Buscher

(b) Address 2018 Sidney Street

17. (a) Burial (b) Date thereof May 28, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran Cemetery

18. (a) Signature of funeral director Bedderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) MAY 20 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ooc.
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2317
(d) Street No. 2018 Sidney Street
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 8
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25,
year 1946 hour 1: minute 40 P.M.

21. I hereby certify that I attended the deceased from October 6, 1944, to May 25, 1946
that I last saw him alive on May 25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic Myocarditis 8 yrs
Chronic Interstitial Nephritis 5 yrs

Other conditions General Anasarca 6 mos
(Include pregnancy within 3 months of death)

Major findings:
Of operations -----
Of autopsy 1/31

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 J. P. Keim (M. D. or other)
Address 2730 My. Man. Ave. Date signed 5/27/46

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

17127

Dr. J. P. Keim
2730 McNair
10:00 - 2:00

Bring Monday

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 Felix J. Krupin
Licensed Embalmer No. 3497
P. O. Address 1936 St. Louis

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.