

Registration District No. **318**

Primary Registration District No. **1003**

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:
2607 PALM ST. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis
 (c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 2607 PALM
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME JOHN C. BUESCHER
3. (b) If veteran, name war —
3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 5
 year 1946 hour 4 minute 15 M.
21. I hereby certify that I attended the deceased from 2-5-46
 19— to 12-5-46 19—
 that I last saw h. im alive on 12-4-46
 and that death occurred on the date and hour stated above.

4. Sex MALE **5. Color or race** WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ALMA
6. (c) Age of husband or wife if 72 years
 alive 14 **7. Birth date of deceased** OCT 14 1871
(Month) (Day) (Year)

Immediate cause of death.....
Chronic myocarditis
 Duration don't know.
 Due to.....
none.
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years 75 Months 2 Days 21
 If less than one day
hr.min.

Major findings:
 Of operations.....
 Of autopsy.....
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business MAIL CARRIER
12. Name JOSEPH BUESCHER
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace HOLLAND
(City, town, or county) (State or foreign country)

16. (a) Informant MRS ALMA BUESCHER
(b) Address 2607 PALM ST.
17. (a) BURIAL (b) Date thereof 12-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVERY Cem.
18. (a) Signature of funeral director MECK DICKMAN Fun Home
(b) Address 4355 WASHINGTON AV.
19. (a) DEC 7 1946 J. T. Broad
(Date received local registrar) (Registrar's signature)

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, or farm, in industrial place, in public place?
23. Signature Walter H. Speeneman
Address 1506 St. Louis **Date signed** 12-8-46
(Other)

MOTHER-FATHER

JAN 13 1947

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..... *John Ketter*.....
Licensed Embalmer No..... *3880*.....
P. O. Address..... *St. Louis, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 42213

State of MO
County of St. Louis ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1047

On this 2 day of July, 1958, before me appears Alma Mary Buescher, who, upon her oath, states that the original record of ^{bth} ~~de~~

for John C. Buescher ^{Xborn} ~~died~~ 12-5-1946, 19 , in the State of Missouri, and which was filed at Jefferson City, Missouri on , 19 , should be corrected as follows:

Item No. 3 should read John C. Buescher

Instead of John C. Buscher

Item No. 12 should read Joseph Buescher

Instead of Joseph Buscher

Item No. 16a should read Mrs. Alma Buescher

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Alma Mary Buescher Informant
Relationship.
2607 A. Polci St. Louis Mo.
Present Address.

Subscribed and sworn to before me this 2 day of July, 1958
My Commission expires 3-4-1961 Notary Public.

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

42213

1951-1952

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1951-1952

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1951-1952

1951-1952

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