

FILED OCT 29 1947

Registration District No.

Primary Registration District No. 3069

Registrar's No. 2160

1. PLACE OF DEATH:

(a) County St. Louis County- Clayton  
(b) City or town Richmond Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's Hospital  
(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)

3. (a) PRINT

FULL NAME Mary B. Buschhorn

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife John J. Buschhorn 6. (c) Age of husband or wife if alive, dead years

7. Birth date of deceased February 13th 1874  
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 25 If less than one day hr. min. 0

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

10. Usual occupation Housewife

11. Industry or business

12. Name Cornelius Creedon

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

14. Maiden name Mary Martin

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

16. (a) Informant Mrs. Arthur C. Schrewe-Daughter

(b) Address 5015 Queens Ave.

17. (a) burial (b) Date thereof 10-10-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Undertakers

(b) Address 2849 North Euclid Avenue

19. (a) 10-16-47 (b) Paul of St. Mary  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Kirkwood  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 659 East Jefferson Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 1  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th  
year 1947 hour 2 A.M. minute M.

21. I hereby certify that I attended the deceased from July 1st  
1947 to Oct 7th 1947  
that I last saw her alive on Oct 7th 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death congested heart failure  
Due to Generalized Arterial Sclerosis  
Due to Unobstructed pneumonia

Other conditions (Include pregnancy within 3 months of death) 1090

Major findings: Of operations  
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?

(Specify type of place) (e) Means of injury 10  
While at work?  
Signature Dr. E. Lee Shreder (M. D. or other) MD  
Address 3720 Washington Date signed 10/9/47

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

76  
8  
3

Dr. E. Lee Shrader  
3720 Washington  
No. 6146

OCT 20 1947

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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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed *Joseph L Brinkman*.....

Licensed Embalmer No. *3553*.....

P. O. Address.....

**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.**