

No. 300
10-48

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43876

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3150

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) LEMAY		c. LENGTH OF STAY (in this place) 4850	
d. FULL NAME OF HOSPITAL OR INSTITUTION RT. II, BOX 690		d. STREET ADDRESS (If rural, give location) RT. II, BOX 690, MEEBURN AVENUE	

3. NAME OF DECEASED (Type or Print) WILLIAM BUESCHER			4. DATE OF DEATH (Month) (Day) (Year) DEC. 25, 1950		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH AUG. 16, 1883		9. AGE (In years last birthday) 67		10. KIND OF BUSINESS OR INDUSTRY MACHINIST	
11. BIRTHPLACE (State or foreign country) GERMANY			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME WILLIAM BUESCHER		13b. MOTHER'S MAIDEN NAME (UNKNOWN)		14. NAME OF HUSBAND OR WIFE CONCORDIA L.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 335-10-5812		17. INFORMANT'S SIGNATURE OR NAME CONCORDIA L. BUESCHER	
(If yes, give year or dates of service) NONE				ADDRESS RT. II, BOX 690, LEMAY, MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic parenchymatous nephritis				INTERVAL BETWEEN ONSET AND DEATH 7 yrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myeloid following thrombocytopenic purpura				10 yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 591X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan 20, 1941**, to **Dec 25, 1950**, that I last saw the deceased alive on **Dec 25, 1950**, and that death occurred at **10 P.M.** m., from the causes and on the date stated above.

22a. SIGNATURE Walter R. Dumas M.D.		22b. ADDRESS 7702 Army Ave.		22c. DATE SIGNED 12/27/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 28, 1950		24c. NAME OF CEMETERY OR CREMATORY PARK LAWN CEMETERY	
				24d. LOCATION (City, town, or county) (State) LEMAY FERRY ROAD	

DATE REC'D BY LOCAL REG. 12/28/50		REGISTRAR'S SIGNATURE Hubert R. Lomke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER II & L. CO.	
				ADDRESS 7814 S. BROADWAY	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

10-10-01
m

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.

Student Embalmer No.

Signed Harry Schumacher

Signed.....
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.