

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35881

State File No. ....

No. 300  
10.48

FILED OCT 18 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 3420

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Maplewood</b> )		c. CITY (If outside corporate limits, write RURAL and give township) <b>Maplewood</b> <b>4533</b>	
c. LENGTH OF (in this place) <b>10 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>7955 Caroline Ave.</b>	
3. FULL NAME OF HOSPITAL OR INSTITUTION <b>7955 Caroline Ave.</b>		d. STREET ADDRESS <b>7955 Caroline Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>ADELIA</b>	a. (First)	b. (Middle)	c. (Last) <b>BUSCHMEYER</b>	4. DATE OF DEATH <b>Oct. 11, 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>5-11-1908</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Belle, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Buschmeyer</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Runge</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>191-24-1235</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Buschmeyer, Belle, Mo.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral haemorrhage - Rt.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>8 years</b>
19a. DATE OF OPERATION			

19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4-27, 1945**, to **10-11, 1951**, that I last saw the deceased alive on **10-11, 1951**, and that death occurred at **6:4 m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wanda Beche</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>10-12-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>	24b. DATE <b>10-12-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Koenig Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Koenig, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-13-51</b>	REGISTRAR'S SIGNATURE <b>Robert R. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jay B. Smith</b>	ADDRESS <b>7450 Manchester Ave. Maplewood 17, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 7 1961

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. L. Burgess*

Licensed Embalmer No. ....

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.