

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014773

STATE FILE NUMBER

2 4279

FILED MAY 14 1959 Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>ST. LOUIS</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>ST. LOUIS</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <i>6137 WANDA</i>		d. STREET ADDRESS (If outside, give location) Reside on Farm <i>6137 WANDA</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>OTTO F BUSCHMILLER</i>			4. DATE OF DEATH Month Day Year <i>APRIL 30 1959</i>
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct 13, 1884</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>GUARD</i>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <i>74</i> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>GUARD</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or county) <i>ST. LOUIS, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>GEORGE BUSCHMILLER</i>	
14. MOTHER'S MAIDEN NAME <i>ELIZABETH ARMBRUSTER</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>ANNA M BUSCHMILLER 6137 WANDA</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Endocarditis + probably Coronary Thrombosis</i> DUE TO (b) <i>Arteriosclerosis Hypertension at base of brain</i> DUE TO (c) <i>421.4</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <i>Jan 24 58</i> to <i>April 30, 59</i> and last saw her alive on <i>April 30-59</i> Death occurred at <i>8:00 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Walter P. Eidmann M.D.</i>		22b. ADDRESS <i>3146 Morgan Road</i>	22c. DATE SIGNED <i>5-1-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>5/2/1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>SS PETER & PAUL CEM</i>	23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>J L ZIEGENHEIN & SONS 7027 GRAVOIS</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 1 '59</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed: *E. P. Kidwell*.....

Licensed Embalmer No. 38

P. O. Address 7027 M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.