

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-035992

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9394**

DO NOT WRITE ON THIS STUB

AMENDED

**FILED OCT 11 1962**

1. PLACE OF DEATH  
 a. COUNTY **St. Louis**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Missouri** Length of stay in 1b **2 Days**  
 c. FULL NAME OF (If not at home, give name of HOSPITAL OR INSTITUTION) **BARNES HOSPITAL** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Illinois** b. COUNTY **Perry**  
 c. CITY OR TOWN **Pinckneyville** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **Rural Route** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**Anna M. Buschschulte** **September 29, 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **10-17-04** 9. AGE (last birthday) **57**  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and state or country) **Perry Co., Illinois** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Frank Bathon** 13b. MOTHER'S MAIDEN NAME **Christina Eicholz** 14. NAME OF HUSBAND OR WIFE **Joseph Buschschulte**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT Address **Joseph Buschschulte - Pinckneyville, Ill**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Uremia** INTERVAL BETWEEN ONSET AND DEATH **4 days**  
 Conditions, if any, which gave rise to above (b) **Acute tubular nephritis** **2 weeks**  
 stating date and time of day (c) **591X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 **9/28/62** to **9/29/62** and last saw her alive on **9/29/62**  
 Death occurred at **7:10 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Frank R. Bradley, M.C.** 22b. ADDRESS **BARNES HOSPITAL** 22c. DATE SIGNED **9/30/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **10-3-62** 23c. NAME OF CEMETERY OR CREMATORY **St. Bruno Cemetery** 23d. LOCATION (City, town, or county) (State) **Perry County, Illinois**

24. FUNERAL DIRECTOR ADDRESS **Chas. G. Kurrus, 111 E. St. Louis, Ill** 25. DATE RECD. BY LOCAL REG. **OCT 1 1962** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR OR TYPEWRITER RIBBON

STATE OF MISSOURI  
DEPARTMENT OF HEALTH

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Keith D. Savage

Licensed Embalmer No. 5180

P. O. Address E. St. Louis, Ill

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.