

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

DEC 12 1935

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**1. PLACE OF DEATH**

County..... Registration District No. 1003  
Township..... Primary Registration District No. ....  
City St. Louis (No. 4462 Lexington Ave.)

File No. ....  
Registered No. 9642  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4462 Lexington St., 10 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14<sup>th</sup> 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Busiek

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1931, to Nov. 14, 1935.  
I last saw him alive on Nov. 13, 1935. Death is said to have occurred on the date stated above, at 9:45 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1859

The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis

7. AGE YEARS 76 MONTHS 5 DAYS 17 If LESS than 1 day, .... hrs. or .... min.

Other contributors, causes of importance:  
Chronic Arteriosclerosis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation.....

Date of onset 6 mos. ago  
950  
Name of operation none Date of .....  
What test confirmed diagnosis? Physical Ex. Was there an autopsy? No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury X, 19.....  
Where did injury occur? X (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

FATHER 13. NAME Georg Eichinger  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Wilhelmina Diebman  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Hester Groh  
(ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE Nov. 17

19. UNDERTAKER Edgar S. Pelrus  
(ADDRESS) St. Louis, Mo.

20. FILED NOV 18 1935 Registrar J. P. Bredeck

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) J. C. Henkenroder, M. D.  
(Address) Metropolitan Bldg.

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