

Do not use this space.

12785

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

JUN 1 1927

1. PLACE OF DEATH

County St. Louis Registration District No. 785
Township Kirkwood No. 900 Primary Registration District No. 3037
City Kirkwood (No. 900) Dwyer Cr. St. Dwyer (Ward)

2. FULL NAME

Emma Busch
(a) Residence. No. 900 Dwyer Cr. St. Dwyer (Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Porter G. Busch
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 14, 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
68 2 28

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/13 19 27
17. I HEREBY CERTIFY, That I attended deceased from 4/11/27 to 4/13/27, and that I last saw him alive on 4/11/27, and that death occurred, on the date stated above, at 4:30 P. M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy apoplexy

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY) 824 7401
(duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis Missouri

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

10. NAME OF FATHER Wm. Rice

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
Virginia

WHAT TEST CONFIRMED DIAGNOSIS? clinical finding
(Signed) H. H. Corley, M. D.

12. MAIDEN NAME OF MOTHER Emily Weaver

4/14, 1927 (Address) Wesley Grove Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
Missouri

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs Pauline Iselt
(Address) Kirkwood, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Ticker Cem. DATE OF BURIAL 4/15 1927

15. FILED 5/10, 1927 C. E. Barnett, Jr. REGISTRAR

20. UNDERTAKER Rergisch, 3631 Washington
ADDRESS Mo

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.

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