

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

Do not use this space.

3272

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **924<sup>2</sup>**)

Allen Ave

File No. ....

Registered No. **F 898**

St. .... Ward)

**2. FULL NAME**

**Mathias Busch**

(a) Residence. No. **924<sup>2</sup> Allen Ave** **13** Ward. (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Mary Busch

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Oct 7-1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day, .....	hrs. or .....
	45	3	16		

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

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

**10. NAME OF FATHER** **Jacob J. Busch**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** **St. Louis**  
(STATE OR COUNTRY) Mo

**12. MAIDEN NAME OF MOTHER** **Hermine Busch**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** **St. Louis**  
(STATE OR COUNTRY) Mo

**14. INFORMANT** **Mrs. Mary Busch**  
(Address) **924<sup>2</sup> Allen Ave**

**15. FILED** **25 1928** **May 6, Stanley**

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **Jan 23 1928**

**17. I HEREBY CERTIFY, That I attended deceased from** **Jan 22**, 19**28**, to **23**, 19**28**, that I last saw him alive on **Jan 23**, 19**28**, and that death occurred, on the date stated above, at **10:40 p.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
**121B**  
**Acute Appendicitis**

**CONTRIBUTORY (SECONDARY)** **117B**

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

**DID AN OPERATION PRECEDE DEATH?**..... **DATE OF**.....  
**WAS THERE AN AUTOPSY?**.....

**WHAT TEST CONFIRMED DIAGNOSIS?**  
(Signed) **[Signature]**, M. D.  
, 19 (Address) **3501 Allen**

\*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.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **St. Matthews** **Jan 26 1928**  
**DATE OF BURIAL**

**20. UNDERTAKER** **Wacker, Helderle** **2331 S. Bluff**  
**ADDRESS**

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

PERMANENT RECORD

