

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

Do not use this space.  
**15442**  
45174  
File No. \_\_\_\_\_  
Registered No. **4376**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **Cely Hospital**)

**2. FULL NAME**

(a) Residence. No. **372 La Salle** St., **16** Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred **50** 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**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 27 - 1857**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**70 | 11 | 23**

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Germany.**

**10. NAME OF FATHER**

**Fred Busbach**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Germany.**

**12. MAIDEN NAME OF MOTHER**

**Ida Augusta**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Germany.**

**14.**

INFORMANT **Edman**  
(Address) **Cely Hospital**

**15.**

FILED **APR 23 1928** **Wm C. Starling**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 19 1928**

17. I HEREBY CERTIFY, That I attended deceased from **April 5 1928**, to **April 19 1928**, that I last saw him live on **April 19 1928**, and that death occurred, on the date stated above, at **8:45 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Carcinoma of the esophagus - malignant**  
**1168** (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) **444** (duration) yrs. mos. ds.

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) **W. M. Smith** M. D.  
**4/20 1928** (Address) **Cely Hospital**

\*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 Cen** DATE OF BURIAL **Apr 23 1928**

20. UNDERTAKER **E. F. Schuur** ADDRESS **3125 Lafayette**

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.

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

Quibach