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

Do not use this space.

10008

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township CARONDELET — Primary Registration District No. 6248 B — Registered No. 112
City (No. Forder Ave Mehlville Mo St. Ward)

96

2. FULL NAME Augusta Busch
(a) Residence, No. Forder Ave Mehlville Mo St., Ward. Jeff Bks. Mo
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Henry Busch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 3, 1848

7. AGE: YEARS 83 — MONTHS 8 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

FATHER
13. NAME: Geo. Sauder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 8

MOTHER
15. MAIDEN NAME: Augusta Koerner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Joseph Busch Box Mehlville Mo Jeff Bks Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Trinity Luth DATE 4/2 1932

19. UNDERTAKER (ADDRESS): C. Hoffmeister U. & Co 7814 S Broadway

20. FILED Apr. 1, 1932 L. C. Obrock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 27, 1932, to Mch 31st, 1932
I last saw her alive on Mch 30, 1932. Death is said to have occurred on the date stated above, at 10 45 A.m.
The principal cause of death and related causes of importance were as follows:

106 B

Chronic Bronchitis

Date of onset: [illegible]

Other contributory causes of importance: 106 B

(1)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Sam Hill, M. D.
(Address) Jeff Cty Mo R8 Mo

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

APR 29 1934

Avoid