

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.

MAY 28 1932

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

Do not use this space.

13788

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 788  
 12 Township \_\_\_\_\_ Primary Registration District No. 447  
 8 City Webster Groves (No. Spring & Laclade Rd.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jacob J. Busch  
 (a) Residence, No. \_\_\_\_\_, \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_  
 Length of residence in city or town where death occurred 75 yrs. — mos. — ds. How long in U. S., if of foreign birth? 83 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) widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilhelmina Busch  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 - 1841  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
90 11 — — —

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) April - 1917 11. Total time (years) spent in this occupation. 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darsbach, Germany

FATHER  
 13. NAME Adam Busch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
 15. MAIDEN NAME Veronica Busch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Quayle Busch (ADDRESS) 27 51/2 Charles Pl. Schewesburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE April 9 1932

19. UNDERTAKER Parker Land Co (ADDRESS) Webster Groves

20. FILED 4-8 1932 Dr. A. A. Westrup Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1931, to April 6 1932

I last saw him alive on April 6 1932 Death is said to have occurred on the date stated above, at 9:35 p.m.

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

Carcinoma of the bladder Date of onset  
51 B  
Uremia  
93 B  
132 B 51 B

Other contributory causes of importance: (Arterio)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chemical 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) Arthur W Westrup, M. D.  
 (Address) 204 E. Big Bend Webster Groves Mo

