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

Do not use this space.

File No. 11407

Registered No. 2472

Registration District No. 701 / 703

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 3928 S. Compton St. Ward)

2. FULL NAME Edward Busch

(a) Residence, No. 3928 S. Compton St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 th. 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	60	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

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) Marine Ill.

FATHER

13. NAME Julius Busch

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

MOTHER

15. MAIDEN NAME Kath. Woerster

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

17. INFORMANT Emma Busch
(ADDRESS) 3928 S. Compton St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marine Ill. DATE Mch. 15th 33

19. UNDERTAKER Wm. Schumacher
(ADDRESS) 3013 Meramec St.

20. FILED MAR 14 1933 Wm C Starkey Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 32, 1932 to March 12, 1933

I last saw him alive on March 12, 1933 Death is said to have occurred on the date stated above, at 2:00 P.

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

131 Date of onset

Valvular Disease of Heart 32 Yrs. Nov 32

Other contributory causes of importance:

Nephritis Chronic Nov 32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Daniel F. Wolfe M. D.

(Address) 3104 A. Arsenal Blvd

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 WITH UNFADING INK—THIS IS A PERMANENT RECORD

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