

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.

1 MAR 24 1934

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

Do not use this space.

7360

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123  
Township Carroll Primary Registration District No. 62483  
City Demit Farm (No. Demit Farm)

File No. \_\_\_\_\_  
Registered No. 49 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME August A Busch, Sr.**

(a) Residence, No. Demit Farm St. \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Alice Rosemann Busch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 29th 1865</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>9</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as in mill, saw mill, bank, etc. <u>Resident Cumber Busch Co</u>		
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) <u>St. Louis Missouri</u>		
13. NAME <u>Adolphus Busch</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Lilly Cumber</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Percy J. Orthwein</u> (ADDRESS) <u>St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Demit Burial Park</u> DATE <u>Feb 16th 1934</u>		
19. UNDERTAKER <u>Wagoner</u> (ADDRESS) <u>12621 Olive St.</u>		
20. FILED <u>Feb 15 1934</u> <u>D. F. Tate M.D.</u> Registrar.		

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/13, 19 34

22. I HEREBY CERTIFY THAT I attended deceased from 11:29 to 1:07, 1934.  
I last saw 1:30 alive on 1:30, 1934. Death is said to have occurred on the date stated above at 8:30am.  
The principal cause of death and related causes of importance were as follows:  
Suicide; Shot self thru left chest, tearing thru lower border of heart, lower left lung, 10th rib and penetrating thru the back at this area. Bullet entering into mattress. Patient being ill with cardiovascular-renal disease, with general anasarca and pre-  
Other contributory causes of importance:  
with cardiovascular-renal disease, with general anasarca and pre-  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Luke B. Turner M.D.  
(Address) 3718 Jennings Rd.

cardial pain. Chr. Hypertension, most severe type  
and cardio-asthma with neurosis, . Was under constant  
care of three different physicians for quite some time  
back. Patient from every evidence was fully aware of  
his distress and the incurable circumstances, decided  
to end his suffering, to eliminate the usual picture or  
course of this type of disease.

Left note to the family as to circumstances, showing  
premeditated suicide, was his intent.

Verdict of Jury - Suicide -  
Due to lingering illness, causing  
him distress & agony which  
caused him to shoot himself.

RI 3594