MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8644

Township ..... Primary Registration District No. 1003 Registered No. 2104

City St. Louis, Mo. (No. St. John's Hospital St. ..... Ward)

2. FULL NAME Olive L. Busch

(a) Residence, No. 4276 Flad Ave., St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14, 1906

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
30	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Chicago, Ill.

FATHER

13. NAME John W. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Ripley Ill.

MOTHER

15. MAIDEN NAME Florence Swank
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hazen Kansas

17. INFORMANT (ADDRESS) Carl E. Busch 3969 De Tonty.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park DATE 2/20/37 19

19. UNDERTAKER (ADDRESS) Edith E. Ambruster 1234 Manchester Ave

20. FILED FEB 20 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1936, to Feb 18, 1937

I last saw her alive on Feb 17, 1937. Death is said to have occurred on the date stated above, at 5.30 A. M.

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

Sarcoma - left thigh 5 3 6 — Date of onset ?

Other contributory causes of importance: Sarcomatosis — ?

Name of operation Amputation - Left Hip Date of 1/22/37

What test confirmed diagnosis? Microscopic 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? no

If so, specify

(Signed) Pierce W. Powers, M. D.

(Address) 2531 So. Jefferson

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.

Dr Powers
2531 S. Jeff
2-3 7-8