

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.

APR 7 1939

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

12362
 Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Jefferson Primary Registration District No. 117
 (c) City Webster Groves (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 57 yrs. 4 mos. 4 ds. (f) How long in U. S., if of foreign birth? - yrs. - mos. - ds.

Registered No. 613

2. PRINT FULL NAME John Joseph Busch
 (a) Residence, No. 523 N. Laclede Station Road St.
 (Usual place of abode, if no street address, write county or city) (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Catherine Lyndhorst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 3, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
57 4 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retail Grocery Store
 9. Industry or business in which work was done, as saw mill, bank, etc. Store
 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Groves, Missouri

FATHER 13. NAME John Jacob Busch

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

MOTHER 15. MAIDEN NAME Wilhelmenia Walter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT Mrs. Catherine Busch (wife)
 (ADDRESS) Webster Groves, Missouri

18. BURIAL PLACE Oak Hill Cemetery
Kirkwood, Mo. DATE April 5, 1939

19. FUNERAL DIRECTOR H. C. McLaughlin
 (ADDRESS) Webster Groves, Mo.

20. APR 4 - 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-39

22. I HEREBY CERTIFY, That I attended deceased from July, 1937 to April 3, 1939.
 I first saw him alive on April 3, 1939. Death is said to have occurred on the date stated above, at 9:00 a. m.

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

Hypertension - Acute dilatation of heart.

Other contributory causes of importance: Bright's Disease

Name of operation None 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 No
 (Signed) D. R. Walters, M. D.
 (Address) 2302 Colburnville
East St. Louis, Mo.

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STATEMENT BY LICENSED EMBALMER

I, H. E. Burgess ; Licensed Embalmer No. 4029

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed H. E. Burgess
Licensed Embalmer No. 4029

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

of Embalming, Inc. 2000 N. 1st St. St. Paul, Minn. 55101

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

12367
Do not use this space.

1. PLACE OF DEATH

(a) County St Louis Registration District No. 784
(b) Township Webster Grove Primary Registration District No. 117 Registered No. 613
(c) City Webster Grove (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Joseph Burch
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS <u>57</u>	MONTHS <u>4</u>	DAYS <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as 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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE				
19. FUNERAL DIRECTOR (ADDRESS)				
20. FILED 19 _____				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-1939

22. I HEREBY CERTIFY, That I attended deceased from 19____ to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Hypertension - acute dilatation of heart
Date of onset _____
Other contributory causes of importance: Chronic Brights Disease

Name of operation _____ Date of _____
What test confirmed diagnosis? 131 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) A. E. Walters, M. D.
(Address) 330 P. Collinsville
St Louis

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Local Registrar.

12362

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MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Primary Registration District No. 117
(c) City Webster Groves Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 783 N. D. McClade St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 4 -

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 44 1939 710 Weyer 900 PM
Legal Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

Hypertension - acute Date of onset

dilatation heart -

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Other contributors of causes of importance:

Brights disease

Chronic - 6 years duration

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) A. E. Walters, M. D.

(Address) 2304 Collinsville

2. St. Louis Ill.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important.