

FILED APR 8 1940
Registration District No. 25

Primary Registration District No. 1001

Registrar's No. 337

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
M.K. Goetz Brewing Co. 6th. & Albemarle
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether
In this community 40 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan,
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 913 Roosevelt Avenue,
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th.
year 1940 hour 9:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from August
8, 1938, to March 16, 1940
that I last saw him alive on March 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Probable acute coronary arterio
thrombosis - Heart disease - arterio (P)
sclerosis - Heart Hypertensive and (P)
coronary atherosclerosis Myocardial (P)
Due to arterio-sclerosis general (P)
Due to unable to state

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. W. Carl (M. D. or other) _____
Address 301 P. P. S Bldg Date signed 3-26-40

3. (a) PRINT FULL NAME William R. Busch,

3. (b) If veteran, name war None, 3. (c) Social Security No. 491-09-9176

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary A. Busch, 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 26, 1878,
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 29 hr. min.

9. Birthplace Jefferson City, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation Brewer

11. Industry or business Brewery,

12. Name Barney Busch,

13. Birthplace Unknown, Germany, 6
(City, town, or county) (State or foreign country)

14. Maiden name Buckerman

15. Birthplace Unknown, Germany, 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mrs. R. Busch
(b) Address 913 Roosevelt Ave.

17. (a) Burial, (b) Date thereof 3/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery,

18. (a) Signature of funeral director W. J. Mestelbach

(b) Address 319 So. 10th. Str. Home

19. (a) 3/28/40 (b) W. J. Mestelbach
(Date received local registrar) (Registrar's signature)

RECEIVED
INDEX CARD RETURNED TO DISTRICT
DATE APR 8 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Registered Apprentice No.

Signed *Wm. J. Summerfield*

Licensed Embalmer No. 3887

P.O. Address *317 So. St. Joseph*

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.)

If this body is not embalmed, above space should be left blank.