

NO FEB 25 1941

Registration District No. 791

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4042 Greer Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community Birth
years, months or days

3. (a) PRINT FULL NAME Louise Busse

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife William C Busse 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 26, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>5</u>	<u>26</u>	hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name John Feldhus

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

14. Maiden name Catherine Steinmann

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

16. (a) Informant William C. Busse

(b) Address 4042 Greer Ave

17. (a) Burial (b) Date thereof 1/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JAN 23 1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1017
(If outside city or town limits, write "RURAL")
(d) Street No. 4042 Greer Ave 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd
year 1941 hour 3:15 PM minute _____ M.

21. I hereby certify that I attended the deceased from Dec 25, 1940
to Jan 22, 1941;
that I last saw her alive on Jan 22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular renal disease Duration 10-20 years

Due to Ch. nephritis, Ch. myocarditis

Other conditions Arteriosclerosis & Hypertension
Hypostatic pneumonia & Lobar

Major findings: _____
Of operations _____

Of autopsy _____

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?
(Specify type of place)

While at work? _____ (e) Means of injury J

23. Signature H. H. Overmann (M. D. or other) 10.0

Address 1449 Mc Laran Date signed Jan 23, 1941

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

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, fact should be so stated above.