

Filed AUG 6 1942

1003

State File No.

Registrar's No. 6198

Registration District No.

Primary Registration District No.

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:
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(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
Route City Hosp #1 (Specify whether
in community) years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CCC
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL.") 119
(d) Street No. 3603 Page
(If rural, give location)
(e) Citizen of foreign country? No Attending Physician (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Frank Busch

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Barbara Hook Busch 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased December 13, 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 8 If less than one day hr. min.

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

10. Usual occupation Metal Worker

11. Industry or business

MOTHER FATHER { 12. Name Adam Busch
13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)
14. Maiden name Marguerite Naes
15. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Busch
(b) Address 8008 Brittin
17. (a) burial (b) Date thereof 7/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director John Ziegenhain
(b) Address 7027 Grand
19. (a) 111-2-2-4042 (b) J. F. Bredeck
(Date registered with registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 21
year 1942 hour 7 minute 45 AM

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cerebral Apoplexy

Due to.....

Due to.....

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

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?.....

While at work?..... (Specify type of place) (e) Nature of injury.....

23. Signature Thomas F. Callaway (or other).....
Address Deputy Coroner Date signed 7/24/42

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

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..... *B. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address..... *7027 Graves*

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.