

S. No. 2  
M-9-4-41  
ev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25727  
6870  
Registrar's No.

FILED AUG 25 1942

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County **City of St. Louis**  
(b) City or town **City of St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL") **9/15**  
(d) Street No. **3454 S Jefferson Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Jacob W. Busch**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **493-10-9730**

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

6. (b) Name of husband or wife **Katherine** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **December 26 1885**  
(Month) (Day) (Year)

8. AGE: Years **56** Months **7** Days **19**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Cape Girardeau Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Street car operator**

11. Industry or business **Public Service Co.**

12. Name **Theodore Busch**

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

14. Maiden name **Kriebier**

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

16. (a) Informant **Katherine Busch**

(b) Address **4132 Pennsylvan**

17. (a) **Burial** (b) Date thereof **8/17/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mathews Cemetery**

18. (a) Signature of funeral director **Schumacher**  
(b) Address **3013 Meramec**

19. (a) \_\_\_\_\_ (b) **J. F. Bredet**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **14**  
year **1942** hour **3.30** minute \_\_\_\_\_ P. M.

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

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

Immediate cause of death **Fractured Skull, Subdural Hemorrhage of Brain, Suffered when Deceased fell from Porch to Concrete Walk in the yard on rear of 3454 S Jefferson Ave on Aug 14 - 1942 about 3:05 Pm**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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) **Accident**

(b) Date of occurrence **8/14/42**

(c) Where did injury occur? **St. Louis Mo**  
(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) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **8/14/42**

(Licensed Embalmer's Statement on Reverse Side)

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

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13

Parsons

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**STATEMENT BY LICENSED EMBALMER**

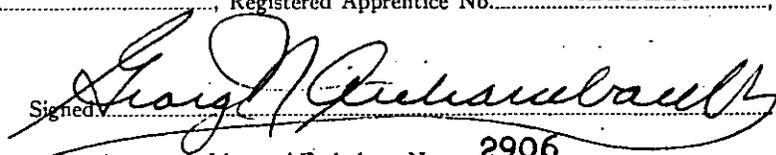
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**George N. Archambault**

Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signed



Licensed Embalmer No. **2906**

P. O. Address **3013 Meramec**

**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.**