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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25728

Registration District No. SEP 43 9428 Primary Registration District No. 1003 Registrar's No. 7011

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: De Paul Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21/2 days (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis NR

(c) City or town Berkeley (If outside city or town limits, write "RURAL")

(d) Street No. 5227 Ruth (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Irene M. Busche

3. (b) If veteran, name war No

3. (c) Social Security No. 489-20-5241

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm. Busche

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased May (Month) 22 (Day) 1909 (Year)

8. AGE: Years 33 Months 2 Days 28 If less than one day hr. min.

9. Birthplace Desloge (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Machine Operator

11. Industry or business Cartridge Co.

FATHER 12. Name Corneilius Sherman 9

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

MOTHER 14. Maiden name Bessie Carr

MOTHER 15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Wm. Busche

(b) Address 5227 Ruth Ave. Berkeley, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22/42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Guepmyer & Sons

(b) Address 8984 N. 20th St. St. L.

19. (a) AUG 21 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20th year 1942 hour 18 minute 25 A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cyclo Propane Anesthesia following an Appendectomy

Due to Operation at the De Paul Hosp on 8/20/42 about 8 50 am

Due to

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)

(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

23. Signature Thomas F. Allen (M.D. or other)

Address Deputy Coroner Date signed 8/24/42

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Bedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.