

FILED JAN 16 1945

Primary Registration District No. 100

Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County.....

(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:
529 Wilmington Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 37 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town city of St. Louis
(If outside city or town limits, write "RURAL") 131

(d) Street No. 529 Wilmington Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Margaret Busch

3. (b) If veteran, name war..... none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd
year 1945 hour 9:30 minute..... a. M.

4. Sex female 5. Color or race white

6. (a) Name of husband or wife Henry Busch

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

7. Birth date of deceased February 5 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-2-1945 to 1-2-1945
that I last saw her alive on 1-2-45 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>64</u>	<u>10</u>	<u>28</u>	hr. min.
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Immediate cause of death Cerebral Hemorrhage Duration 6 Hrs.

Due to.....

Due to.....

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation housework at home

Other conditions (Include pregnancy within 3 months of death) 83

Major findings:
Of operations.....
Of autopsy.....

MOTHER FATHER

11. Industry or business.....

12. Name Jacob Werner

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Caroline

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Busch Jr.

(b) Address 529 Wilmington Avenue

17. (a) burial (b) Date thereof 1-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Southern Funeral Home
6322 So. Grand Blvd.

(b) Address.....

19. (a) JAN 3 1945 (Date received local registrar) J. Busch (Registrar's signature)

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 D. Sprunt (M. D. or other) 0
Address 606 Virginia Ave. Date signed 1-2-45

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..... *Vincent L. Berryman*.....
Licensed Embalmer No..... *4018*.....
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.