

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28516

State File No.

FILED SEP 30 1946

Registration District No.

Primary Registration District No.

1003

Registrar's No.

7499

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 Barnes Hospital, 0
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community _____ Lifetime
years, months or days)

3. (a) PRINT FULL NAME ADOLPHUS BUSCH III

3. (b) If veteran, name war None 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 Catherine M. Busch 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased February 10 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 6 19 hr. min.

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

10. Usual occupation Pres. Busch Brewery

11. Industry or business

12. Name August A. Busch
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Alice Zieglman
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Percy J. Orthwein
(b) Address Huntleigh Village

17. (a) Burial (b) Date thereof 8/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.

19. (a) AUG 30 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Huntleigh Village
(If outside city or town limits, write "RURAL")
(d) Street No. Lindberg Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29
year 1946 hour 8 minute 5 A. M.

21. I hereby certify that I attended the deceased from Aug. 21, 1946 to Aug. 29, 1946
that I last saw him alive on Aug. 29, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Coronary arteriosclerosis

Due to 116 Carcinoma of stomach

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy as above

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)
(b) Means of injury 0

23. Signature C. B. Lark (M. D. 0)
Address Barnes Hospital Date signed 8/29/46

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

27554

OCT 27 1949

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.....
Mervilla B. Proketter

Licensed Embalmer No. *3686*

P. O. Address *4161 Lindell*

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.