

State File No. **2309**
1128
 Registrar's No. _____

FILED FEB 10 1947
 Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County **St. Louis Mo.**
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2620 Cass Ave. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **000**
 (c) City or town **St. Louis 2117**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2620 Cass Ave. 9**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Dirley Busch**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____
4. Sex **Female** **5. Color** **White** **6. (a) Single, widowed, married,**
divorced **6. (c) Age of husband or wife if**
7. Birth date of deceased. **11-18-1893**
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month **Jan.** day **13** 1/2
 year **1947** hour **10** minute **42** M.
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.

8. AGE: Years _____ Months _____ Days _____ If less than one day
 hr. _____ min. _____
9. Birthplace **Wichita, Kansas** (City, town, or county) (State or foreign country)
10. Usual occupation **House work**
11. Industry or business **Wichita**
12. Name **Dirley Busch** **9**
13. Birthplace **Wichita, Kansas** (City, town, or county) (State or foreign country)
14. Maiden name **Wichita** **9**
15. Birthplace **Wichita, Kansas** (City, town, or county) (State or foreign country)
16. (a) Informant **Mrs. J. C. Tawar**
(b) Address **12300 Clark**
17. (a) Anatomical Board (b) Date thereof **1-24-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Wichita**
18. (a) Signature of funeral director **W. K. ...**
(b) Address **3505 ...**
19. (a) FEB 3 1947 **J. F. Bredek**
 (Date received local registrar) (Registrar's signature)

Immediate cause of death _____
 Due to **CORONARY OCCLUSION**
 Due to **CORONARY SCLEROSIS**
 Other conditions **W.M.A.**
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy **9/11**
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?
 While at work? _____ (Specify type of place) (e) Means of injury **3**
23. Signatures **W. K. ...** (M. D. or other) **3**
Address **Wichita** **Date signed** **2/1/47**

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.