S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15802

Registration District No. 377 Primary Registration District No. 3070 Registrar's No. 963

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4814 WILSHUSEN AVE.
(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)
In this community ALL HIS LIFE.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town SHREWSBURY WEBSTER GROVES P.O.
(If outside city or town limits, write "RURAL")

(d) Street No. 4814 WILSHUSEN AVE.
(If rural, give location)

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

3. (a) PRINT FULL NAME GEORGE NICHOLAS BUSCH

3. (b) If veteran, name war NONE

3. (c) Social Security No. 488-18-9115

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife AUGUSTA J. BUSCH.

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased JANUARY-22-1871 (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 5 If less than one day — hr. — min.

9. Birthplace ST LOUIS CO (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business .....

FATHER
12. Name JACOB BUSCH
13. Birthplace BADEN BADEN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name WILHELMENIA WALTERS
15. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs. George Busch
(b) Address 4814 WILSHUSEN AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL-30-1947 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEM.

18. (a) Signature of funeral director PARKER UNDERTAKING CO.
(b) Address WEBSTER GROVES MO.

19. (a) 5-1-47 (Date received local registrar) (b) Carl C. Stanfill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1947 hour 3 minute 05 p.m.

21. I hereby certify that I attended the deceased from August 5, 1946 to April 27, 1947 that I last saw h. 1m alive on April 27, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Larynx with metastasis — Duration 8/5/46

Due to H7

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 .....
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 Arthur W. Westrup (M. D. or other)
Address 204 E. Big Bend Date signed April 28

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 1947

MAR 16 1948

JUN 16 19[illegible]

JUN 10 1947

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves M

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.