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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29706

Registration District No. 317

Primary Registration District No. 3863

Registrar's No. 1695

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 38 Days (Specify whether
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co. 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 124 St. George 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Martin Henry Busch.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) About (Day) 80 (Year)

8. AGE: Years About 80 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

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

16. (a) Informant Ambrose E. Mueller
(b) Address 54 Chestnut Webster Groves Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Mittelberg Funeral Home
(b) Address 23 W. Lockwood Webster Groves Mo.

19. (a) 8-9-47 (Date received local registrar) (b) Cecil A. Thorpe MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5
year 1947 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 27, 1947 to Aug. 5, 1947
that I last saw him alive on Aug. 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach with metastases to lumbar spine.

Due to 46b

Due to

Other conditions Arteriosclerosis, general
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As Above

Duration

PHYSICIAN

Underline the cause of 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 R L Herdener (M. D. or other)
Address 601 Brentwood Blvd Date signed 8/6/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 19 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.....

Licensed Embalmer No. 4343

P. O. Address 7415 Zephyr Pl., Maplewood, 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.