FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21638

Primary Registration District No. 6076

Registrar's No. 1597

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Overland City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2357 Wallis Avenue. 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)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Overland City 13
(If outside city or town limits, write "RURAL")
(d) Street No.: 2357 Wallis Avenue. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Henry W. Busse.
3. (b) If veteran, name war: None
3. (c) Social Security No. .....

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Ruth B. Busse.
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: November 22, 1889. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	7	3	....hr. ....min.

9. Birthplace: St. Louis, (City, town, or county) Missouri. (State or foreign country) 0
10. Usual occupation: Carpenter.
11. Industry or business .....
FATHER
12. Name: William Busse.
13. Birthplace: (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name: Anna Holtmann.
15. Birthplace: (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs. Ruth B. Busse.
(b) Address: 2357 Wallis Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-28-1948. (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem.
18. (a) Signature of funeral director: Geo. L. Pleitsch. Inc.
(b) Address: 5966-68 Easton Avenue
19. (a) 6-28-48 (Date received local registrar) (b) Carl A. Stephan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 25
year: 1948 hour: 1 minute: 30 P.M.
21. I hereby certify that I attended the deceased from 2-10, 1947, to 6-25, 1948, that I last saw him alive on 6-18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	18 mo.
Due to: Myocarditis	2 yr.
Due to: —	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: —	
Of autopsy: —	

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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: Vernon J. Hoeck (M. D. or other) 38
Address: 9621 Baxter Rd., Date signed: 6-25-48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. H.J.Klocker.
9621 Lackland Avenue.
Wabash 1855

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.