. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37941

FILED NOV 19 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9086

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: St. Louis City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 3923 So. Grand Blvd., (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ferdinand Busche,
3. (b) If veteran, name war
3. (c) Social Security No. 489-09-7965
4. Sex Male
5. Color or race White,
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Lillian
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April 16, 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	6	1	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Upholsterer,
11. Industry or business Hotel Jefferson,
FATHER
12. Name Henry Busche,
13. Birthplace Germany (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name Magdalena Ernst,
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lillian Busche,
(b) Address 3923 So. Grand Blvd.,
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 10/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery,
18. (a) Signature of funeral director Gebken-Benz Mortuary,
(b) Address 2842 Meramec St.,
19. (a) OCT 20 1948 (Date received local registrar) (b) J B Lassiter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th year 1948 hour 12:00 minute A.M. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture skull - Subdural hemorrhage of Brain when he was struck by a street car being operated by one Barney Fetters (Public Land) and knocked into the left rear wheel of an automobile operated by Geo. Chas. Eilers

Due to

Due to

Other conditions found at 1901 North Grand (Include pregnancy within 3 months of death) Ave. Oct. 15 1948

Duration

Major findings:
Of operations
Of autopsy

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) Accident
(b) Date of occurrence Oct 15 1948
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? No (e) Means of injury See above

23. Signature (Coroner) Chas. E. Dunn
Address Ury Mo. Date signed 10/20/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Joe B. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St, St. Louis, 18, 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.