

S. No. 300  
V. 10.48

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18822

317

1387

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. <i>3668</i>		Registrar's No. <i>1387</i>	
1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Clayton</b>		c. LENGTH OF STAY (in this place) <b>Unknown</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>44 TOWN Clayton</b>		<b>4442</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>8001 Rosiline Drive</b>				d. STREET ADDRESS (If rural, give location) <b>8001 Rosiline Drive</b>			
3. NAME OF DECEASED (Type or Print) <b>Bertha</b>		a. (First)		b. (Middle)		c. (Last) <b>Busche</b>	
4. DATE OF DEATH <b>May 31st, 1950</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Sept. 18th, 1861</b>		9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>13</b>		IF UNDER 4 HRS. Hours <b>13</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Saint Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Lombardo Jansen</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Niktern</b>		14. NAME OF HUSBAND OR WIFE <b>Late Charles F. Busche</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. John Foehr, 8001 Rosiline Dr.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arterio-sclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Chronic Condition for years</b>  <b>1143X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>443X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>2/20</b> , 19 <b>50</b> , to <b>5-31</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>5-31</b> , 19 <b>50</b> , and that death occurred at <b>5 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <b>George Fleckner M.D.</b>				23b. ADDRESS <b>1120 E. 34 N. Grand</b>		23c. DATE SIGNED <b>6/1/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>6/3/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL <b>JUN 2 1950</b>		REGISTRAR'S SIGNATURE <b>Robert M. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>			

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

Rowell 618  
Mrs. Heatrice Bedy.

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John A. Minner.....

Licensed Embalmer No. 4186.....

P. O. Address St. Louis 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.