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FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25549

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 1752

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 425 OAK ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
d. STREET ADDRESS (If rural, give location): 425 OAK ST 4597

3. NAME OF DECEASED (Type or Print)
a. (First): MILLIE
b. (Middle): LANE
c. (Last): BUSCH

4. DATE OF DEATH (Month) (Day) (Year): JULY 19-1950

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB 8-1877
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MAYFIELD KY
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN B THORNTON
13b. MOTHER'S MAIDEN NAME: VICTORIA DUNCAN
14. NAME OF HUSBAND OR WIFE: HENRY BUSCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Walter C. Busch — ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — many years
DUE TO (c): Cardio renal disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar., 1928, *to* 7-19-1950, *that I last saw the deceased alive on* 7-12, 1950, *and that death occurred at* 9:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J A Sterling MD
23b. ADDRESS: 7266 Manchester
23c. DATE SIGNED: 7-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-22-1950
24c. NAME OF CEMETERY OR CREMATORY: OAK HILL CEMETERY
24d. LOCATION (City, town, or county) (State): KIRKWOOD MO

DATE REC'D BY LOCAL REG.: 7-20-50
REGISTRAR'S SIGNATURE: Herbert R Domke M D Parker-Aldrich Fun. Home
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Web. Groves Mo.

(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 .....

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

working under my personal supervision.

Student .....
Student Embalmer

Signed C. B. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves

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.