

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20399

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4692

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis <u>0</u>)		c. LENGTH OF STAY (In this place) <u>3 M 9 D</u>		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>ST. LOUIS CHRONIC HOSPITAL</u>		d. In Residence within limits of a city incorporated town? Yes <u>X</u> No <u>0</u>			
		• STREET ADDRESS <u>5247 Chippewa</u>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>ALPHONSE DE BUSCHE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH Jan 12 1879		9. AGE (In years last birthday) <u>75</u> If under 1 year: Months <u>4</u> Days <u>13</u> If under 1 week: Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman(Route)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coffee & Tea</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Orleans /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>? De Busche</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND/OR WIFE <u>Mrs. Elsie De Busche</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-3678367</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Elsie DeBusche</u> ADDRESS <u>5247 Chippewa</u>	

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) <u>Generalized Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4500</u>	

22. I hereby certify that I attended the deceased from 2/16, 1954, to May 25, 1954, that I last saw the deceased alive on May 25, 1954, and that death occurred at 4:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry Esker M.D.</u> (Degree or title)		23b. ADDRESS <u>5600 Arsenal St.</u>		23c. DATE SIGNED <u>5/25/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>May 27, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		
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DATE REC'D BY LOCAL REG. <u>MAY 26 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.L. Ziegenhein & Sons</u> ADDRESS <u>7027 Gravois</u>	
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(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 Donald E. Benz, Student Embalmer No. 4863 working under my personal supervision..

Student Donald E. Benz
Signature of Student Embalmer

Signed E. P. Kidwell

Licensed Embalmer No. 387

P. O. Address 7027 Kra

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.