

FILED AUG 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28187**
Registrar's No. **6591**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY	
b. CITY OR TOWN ST. LOUIS Mo	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION MARIAN Hospital		e. STREET ADDRESS (If rural, give location) 24 3644 - CALIFORNIA	

3. NAME OF DECEASED (Type or Print)	a. (First) DOROTHEA W.	b. (Middle)	c. (Last) BUSCH	4. DATE OF DEATH (Month) (Day) (Year) JULY 13 1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 26 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 2 WRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME MICHAEL RUCK	13b. MOTHER'S MAIDEN NAME MAGDALENA BADER	14. NAME OF HUSBAND OR WIFE JOSEPH BUSCH
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JOSEPH BUSCH	ADDRESS 3644 - CALIFORNIA
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralytic stroke		INTERVAL BETWEEN ONSET AND DEATH June 6
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral embolus		
	DUE TO (c) mitral Valvitis, myocardial infarction		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac hypertrophy Renal infarction		June 6	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 410X. ~	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 2, 1951**, to **July 13, 1956** that I last saw the deceased alive on **July 12, 1956** and that death occurred at **5:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Leroy E. Ellison M.D.	(Degree or title)	23b. ADDRESS 3610 So Broadway St Louis Mo	23c. DATE SIGNED July 19, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE JULY 16 1956	24c. NAME OF CEMETERY OR CREMATORY S. S. PETER & PAUL	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
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DATE REC'D BY LOCAL REG. JUL 14 1956	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuter	ADDRESS 2906 Genois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3610 s (3) d...
P.O. - 4683

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.....
Signature of Student Embalmer

Signed *Samuel C. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906*

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.