

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

14414

1. PLACE OF DEATH

County.....
Township.....
City St. Louis,

Registration District No. 791
1008
Primary Registration District No. 4838 Cote Brilliant Ave.

File No.
Registered No. 3758.
St. Ward)

2. FULL NAME

Mary E. Busch
(a) Residence. No. 4838 Cote Brilliante Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE WH 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF John H. Busch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 28, 1851.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. at home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Holland.
(STATE OR COUNTRY)

10. NAME OF FATHER Van Rheaden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Holland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) do
(STATE OR COUNTRY)

14. INFORMANT Henry Busch
(Address) Clayton Ave.

15. FILED APR 15 1937 Max C. Kerley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1930

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1930, to April 14, 1930, that I last saw her alive on April 14, 1930, and that death occurred, on the date stated above, at 8 P. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

118 Pulmonary edema
chronic myocarditis, nephritis chr.
(duration) 3 yrs. 3 mos. 3 ds.
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED 139 W
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John C. Marfat, M. D.
April 15, 1937 (Address) 940 Mo Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine Cemetery DATE OF BURIAL 4/16/30

20. UNDERTAKER I.O.UIS. H. BOPP, ADDRESS Kirkwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

