

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

39098
Do not use this space.

1. PLACE OF DEATH
 (a) County Franklin. Registration District No. 3016 297
 (b) Township _____ Primary Registration District No. 3016 Registered No. 94
 (c) City Washington. (d) Street No. St. Francis Hospital. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maria Anna Busch.
 (a) Residence, No. Villa Ridge, Mo. R.F.D. St. Villa Ridge, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15th, 1870.

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hra. ormin. |
| | 68 | 2 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-wife.
 9. Industry or business in which work was done, as saw mill, bank, etc. House-work.
 10. Date deceased last worked at this occupation (month and year) Oct. 1938. 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Villa Ridge, Missouri.

FATHER

13. NAME John Straatmann.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Mary Overschmid.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Villa Ridge, Missouri.

17. INFORMANT Mr. Chas. H. Busch.
 (ADDRESS) Villa Ridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Villa Ridge, Mo. DATE Nov. 2nd, 1938.

19. FUNERAL DIRECTOR Nieburg & Vitt, Inc.,
 (ADDRESS) Washington, Mo.

20. FILED Nov. 1 - 1938 H. U. May
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30th, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1938, to Oct 30, 1938
 I last saw him alive on Oct 30, 1938. Death is said to have occurred on the date stated above, at 12:55 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
 Date of onset Oct 29 1938

Other contributory causes of importance:
Arterio-sclerosis and chronic interstitial nephritis

Name of operation none Date of ✓
 What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) R. B. Ruttles, M. D.
 (Address) Washington, Mo.

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.

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STATEMENT BY LICENSED EMBALMER

I, Lester A. Vitt, Licensed Embalmer No. 3254

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Lester A. Vitt
Licensed Embalmer No. 3254

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.)