

WALIE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

30942

Registration District No. 791
1003

Primary Registration District No. _____

Registrar's No. 8005

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3709 Humphrey St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Adeline D. Busch 2670

3. (b) If veteran, name war ***

3. (c) Social Security No. ***

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day September
year 1939 hour 10:00 minute A. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Julius B. Busch

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 28 1848
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 10, 1937, to Sept 16, 1939
that I last saw her alive on 9-16, 1939; and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 9 Days 18
If less than one day hr. min

Immediate cause of death cardiac failure 3 days
Duration

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

Due to chronic myocardial sclerosis years
Due to senile dementia 5 yrs

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Henry Doellner

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Maria Hunge
(City, town, or county) (State or foreign country)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

Other conditions senile dementia 5 yrs
(include pregnancy within 3 months of death)

16. (a) Informant's own signature Arnie Busch

(b) Address Peoria Illinois

Major findings: Of operations

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

17. (a) Cremation (b) Date thereof Sept 18 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) SEP 17 1939 (b) J. J. Rudick
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(a) Means of injury 1

23. Signature Emynea Abel (M. D. or other) MD

Address 3375 S. E. Blvd Date signed 9/16/39

Dr. Vogel
Kramer, M. Donald
3315 S. Grand

2 to 4

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Ronald J. Swann

Licensed Embalmer No 2245

P. O. Address Suburban

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, above space should be left blank.