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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21218

FILED JUL 12 1940 85

Registration District No. 1

Primary Registration District No. 1001

Registrar's No. 619

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 105½ North 15th
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 49 years.

3. (a) PRINT FULL NAME Louise Busch

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Dr. Ernest Busch

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 28 (Month) 1866 (Day) (Year)

8. AGE: Years 74 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Frederick Buhl
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Sophia Kinderer
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Ernest Busch

(b) Address 105½ North 15th St., St. Joseph

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof June 5, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Newcomer's Crematory Kansas City, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph

19. (a) 6/4/1940 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1940 hour 7 minute 40 p. M.

21. I hereby certify that I attended the deceased from 5-31-40, 19__, to 6-2, 1940 that I last saw her alive on 6-2, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia, inspiratory	One day
Due to Gastric hemorrhage with emesis.	One day
Due to Inspiration of blood, gastric hemorrhage	36 hrs
Other conditions (Include pregnancy within 3 months of death) Heart hypertensive without nephritis	years

Major findings:
Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas Redmond (M. D. or other) 1

Address Kirkpatrick Building Date signed 6-3-40

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri.

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 H. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.