

FEB 14 1941

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 162

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Oakville - Lemay Township  
 (c) Name of hospital or institution:  
Forder Rd. near Telegraph  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 50 yrs. (Specify whether  
 years, months or days)  
 In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 96  
 (c) City or town Lemay S (If outside city or town limits, write "RURAL") 21  
 (d) Street No. Forder Rd. Near Telegraph (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Joseph William Busch  
 8. (b) If veteran, name war None 8. (c) Social Security No. None  
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Louise Busch 6. (c) Age of husband or wife if alive 74 years  
 7. Birth date of deceased June 27 1869  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 21  
 year 1941 hour 9:15 minute \_\_\_\_\_ A.M.  
 21. I hereby certify that I attended the deceased from Jan 17, 1941, to Jan 21, 1941,  
 that I last saw him alive on Jan 21, 1941,  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
71 6 24 hr. min.  
 9. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)

Duration  
Cerebral apoplexy 4 days  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Henry Busch  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Augusta Sanders  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Louise Busch  
 (b) Address RR Lemay, Mo. Forder rd.  
 17. (a) Burial (b) Date thereof Jan 24 41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Pauls Cem. Oakville.  
 18. (a) Signature of funeral director S. Hoffmeister, L. L. Co.  
 (b) Address 7814 S. Broadway St. Louis, Mo.  
 19. (a) JAN 23 1941 (b) R. M. ...  
 (Date received local registrar) (Registrar's signature)

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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 28. Signature Waldorf ... (M. D. or other) D  
 Address Lemay, Mo. Date signed 1/27/41

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

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**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

*Edward H. Lutzinger*

Licensed Embalmer No.

*4049*

P. O. Address

*6464 Chipewake*

**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.**