

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1720

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Robert Cook Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 12 months
(Specify whether years, months or days)
In this community 44 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 20012 Central (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Busch, John

(b) If veteran, name war No

(c) Social Security No. Unknown

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

(b) Name of husband or wife Elizabeth Kitzel 6. (c) Age of husband or wife if alive about 60 years

7. Birth date of deceased: July 17 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Jefferson County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business Same

12. Name John Busch

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

14. Maiden name Sarah Bohne

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

16. (a) Informant Hospital records

(b) Address Robert Cook Hospital

17. (a) Burial (b) Date thereof Aug. 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kriemswilker Cem. Mo.

18. (a) Signature of funeral director Heiligtay General Home

(b) Address Kriemswilker Cem. Mo.

19. (a) AUG 14 1942 (b) C. E. De Garmo M.D. (Registrar's signature) W. K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th year 1942 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 16, 1942 to Aug. 11, 1942 that I last saw him alive on Aug. 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Neurolepsy from asphy into esophagus 2 hrs.

Due to Carcinoma of Esophagus (C. i. m.) 6 mo.

Due to 46a

Other conditions Pulmonary tuberculosis 6 mo. Carcinoma of stomach 6 mo.

Major findings: Of operations _____

Of autopsy Same as above

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 0

23. Signature Robert C. Sweet (M. D. or other) 0
Address Robert Cook Hospital Date signed 8/12

Duration
6 mo.
6 mo.
PHYSICIAN

Underline the cause to which death should be charged statistically.

Mealy

9600

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

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.....

John J. Fetter

Licensed Embalmer No.....

3880

P. O. Address.....

St. Louis Mo.

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, fact should be so stated above.