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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43544

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 211

1. PLACE OF DEATH:
(a) County ST. CHARLES
(b) City or town RURAL ST Charles Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: EVANGELICAL EMMAUS HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 YRS 2 MOS, 23 DAYS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 36
(c) City or town WASHINGTON 5
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUISE CAROLINE 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 SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased JANUARY (Month) 8 (Day) 1860 (Year)

8. AGE: Years 83 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation TRAINED NURSE

11. Industry or business

FATHER
12. Name GORDIAL L. BUSCH
13. Birthplace BREMEN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name PAULINE MUENCH
15. Birthplace HESSEN (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Theophil Stoerker
(b) Address ST. CHARLES, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 23, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON, MO

18. (a) Signature of funeral director Niebing & Utt
(b) Address Washington, MO

19. (a) 12-21-43 (Date received local registrar) (b) Ernst LePaule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 20 year 1943 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec 10th 1943 to Dec 20th 1943 that I last saw her alive on Dec 20th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Broken Compensation
Due to Bronchial Asthma
Due to Gen. Arterio sclerosis.

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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 A. P. Erich Schuck M.D. (M.D. or other)
Address St Charles Mo. Date signed 12/22/43

(Licensed Embalmer's Statement on Reverse Side)

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.....Arthur C. Bane.....

Licensed Embalmer No.....3155.....

P. O. Address.....St. Charles 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.