No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 29181

FILED OCT 13 1944 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 8414

**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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community Life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County .....

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

(d) Street No. 4631 Lee Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME William C. Busche

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Glenna Busche

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased March 16, 1881
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 63 | 6 | 15 | ..... hr. ..... min. |

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

10. Usual occupation Camera Work

11. Industry or business Self - Photo Instrument Co.

FATHER
12. Name Charles F. Busche
13. Birthplace - - (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Bertha Jansen
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Bertha Busche
(b) Address 4631 Lee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4, 1944. (Month) (Day) (Year)
(c) Place: Burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) OCT 3 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 1st, year 1944 hour 5:25 minute A. M.

21. I hereby certify that I attended the deceased from Sept 14, 1944, to Oct 1, 1944 that I last saw her alive on Sept 30 10:00 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Acute Endemic Encephalitis | 6 days |
| Due to Previous Influenza? | |
| Due to | |
| Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death) | 9 years |

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 C. H. Lindeman (M. D. or other) MD
Address 4126 Shrew Date signed 10/2/44

(Licensed Embalmer's Statement on Reverse Side)

Shreve & Lee. 12-3:30

## 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 Howard F. Rowland

Licensed Embalmer No. 3114

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.**