

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED APR 27 1945

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3247**

06
17
9

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

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:
Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 hours**
(Specify whether **Life**)

In this community..... **Life**
years, months or days)

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")

(d) Street No. **4525 Lindell Blvd.**
(If rural, give location) **12**

(e) Citizen of foreign country? **NO** (Yes or No) **1)**
If yes, name country.....

3. (a) PRINT FULL NAME..... **Charles Francis Busch**

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 **Married**

6. (b) Name of husband or wife..... **Minnie Busch**

6. (c) Age of husband or wife if alive..... **67** years

7. Birth date of deceased **June 1, 1872**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	12	hr. min.

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

10. Usual occupation..... **Retired**

11. Industry or business.....

12. Name..... **Henry Busch**

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

14. Maiden name..... **Unknown**

15. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Minnie Busch**

(b) Address..... **4525 Lindell Blvd.**

17. (a) **Burial** (b) Date thereof **Apr. 16, 1945.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Calvin F. Feutz Funeral Home**

(b) Address..... **4828 Natural Bridge B lvd.**

19. (a) **APR 14 1945** (Date received local registrar)
J. J. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13th**
year **1945** hour **12:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 10**
19 **45** to **April 13, 1945**
that I last saw him alive on **4-13** 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Occlusion**

Due to **Arterio-sclerosis** **4** yrs.

Due to.....

Other conditions..... **94a**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... **as above**

Duration **?**

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?

23. Signature..... **Dr. P. J. Stahl** (M. D. or **1945**)
Address..... **462 N. Taylor** Date signed **7/14/45**

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 A. McLean

Licensed Embalmer No.

4186

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.