

FILED APR 1 1946

Registration District No. 317

Primary Registration District No. 6076

State File No.

Registrar's No. 915

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Bellefontaine
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None, Olive Street Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 32-years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9/
(c) City or town Bellefontaine 0
(If outside city or town limits, write "RURAL")
(d) Street No. Olive Street Road 0
(If rural, give location)
(e) Citizen of foreign country? No 0
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Dorothy Helen 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 Married
6. (b) Name of husband or wife Leland Busch 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased Dec. 9 1913 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 3 14 hr. min.

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

10. Usual occupation House wife

11. Industry or business At home

12. Name Henry Stemme

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

14. Maiden name Rose Seeger

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

16. (a) Informant Leland Busch

(b) Address Chesterfield Mo. R.R. 2

17. (a) Burial (b) Date thereof 3/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem. Bellefontaine, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballyn Mo.

19. (a) 3-24-46 (b) Ed. Baranauk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1946 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation by Ligature, Duration _____

Due to Suicide. 164a

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy none

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) Suicide

(b) Date of occurrence March 23, 1946

(c) Where did injury occur Bellefontaine, St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

(e) Means of injury Ligature

While at work? no (Specify type of place)

23. Signature Arnold J. Williams (M.D. or other) Coroner

Address Clayton Mo. Date signed _____

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

Theo. Wheeler

Licensed Embalmer No.

3066

P. O. Address

Ballwin, 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.