

S. No. 2
M-5-43
5-17-39
I X36871

FILED AUG 12 1946

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1653-

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 256 Pardella
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma A. Busse

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Henry

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

7. Birth date of deceased September 30 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 10 8 _____ hr. _____ min.

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

10. Usual occupation Nil

MOTHER FATHER

11. Industry or business _____

12. Name George Hell

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

14. Maiden name Margaret Metzger

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

16. (a) Informant Mrs. Minnie Rettig

(b) Address 256 Pardella, Lemay, Mo.

17. (a) Burial (b) Date thereof 8/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery, Jos. P. Fendler Jr.

18. (a) Signature of funeral director _____

(b) Address 7128 Michigan Ave.

19. (a) 8-10-46 (b) E. J. McGowan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 256 Pardella
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1946 hour 8.05 minute _____ P. M.

21. I hereby certify that I attended the deceased from Mar 29 to Aug 7 1946

that I last saw her alive on Aug 4 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage of apoplexy of arteriosclerosis

Due to _____

Due to _____

Other conditions Diabetes mel.
(Include pregnancy within 3 months of death)

Duration 7

Chronic

Chronic

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. J. McGowan (M. D. or other) _____

Address 7701 Parkway Date signed 8/19/46

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.....

George N. Archambault

Registered Apprentice No. XXXXXXXX

working under my personal supervision.

Signed

George N. Archambault

Licensed Embalmer No. 2906

P. O. Address. 7128 Michigan Ave.

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.