

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25697

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2556

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Koch (rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 1949 days		d. STREET ADDRESS (If rural, give location) 5573 Manchester	
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Helen	b. (Middle) May	c. (Last) Busby	June 29, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-31-29	9. AGE (In years last birthday) 21	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME George Busby	13b. MOTHER'S MAIDEN NAME Helen Gaw	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ??	17. INFORMANT'S SIGNATURE OR NAME Hospital Records, Robt. Koch Hosp.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 1/2 yrs (?)
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from **2-26-**, 19**46**, to **6-29-**, 19**51**, that I last saw the deceased alive on: **6-29-**, 19**51**, and that death occurred at **10:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Niederwimer M.D.	23b. ADDRESS Robert Koch Hospital	23c. DATE SIGNED 6-30-51
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial	24b. DATE 7-3-51	24c. NAME OF CEMETERY OR CREMATORY Oak Hill
		24d. LOCATION (City, town, or county) (State) Kirkwood

DATE REC'D BY LOCAL REG. 7-2-51	REGISTRAR'S SIGNATURE Robert R. Gombu	25. FUNERAL DIRECTOR'S SIGNATURE Southern Fun. Home	ADDRESS 6322 S. Grad
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WRITE PLAINLY—USING 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 _____

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

David Van Gorman

Licensed Embalmer No. *4242*

P. O. Address *6322 So Grand*

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.