

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
LA 6377  
Dr. Sert 12040 California Ave

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **29832**  
Registrar's No. **7601**

FILED AUG 31 1953

|   |                               |  |   |   |  |  |  |
|---|-------------------------------|--|---|---|--|--|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <b>318</b>  |   | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No. <b>7601</b>  |  |
| <b>1. PLACE OF DEATH</b><br>a. COUNTY _____   |                               |  |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |                               | c. LENGTH OF STAY (in this place) _____  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |  | 2027<br>0.   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4417 Rosa Ave</b>  |                               |  |   | d. STREET ADDRESS (If rural, give location) <b>2 4417 Rosa Ave</b>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Max</b><br>b. (Middle) <b>M.</b><br>c. (Last) <b>Busch</b>  |                               |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>8-3-1953</b> |   |  |  |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  |   | 8. DATE OF BIRTH <b>11-16-1885</b>  | 9. AGE (In years last birthday) <b>67</b>                | # UNDER 1 YEAR Months _____ Days _____                                   | # UNDER 1 HR. Hours _____ Min. _____                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Financial Secy. I.A. of M. Machinist's Union</b>   |                               |  | 10b. KIND OF BUSINESS OR INDUSTRY _____                     |   | 11. BIRTHPLACE (State or foreign country) <b>Germany</b> |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                           |
| 13a. FATHER'S NAME <b>Hans Busch</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>unknown</b>   |   | 14. NAME OF HUSBAND OR WIFE <b>Margaret Busch</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |                               | 16. SOCIAL SECURITY NO. _____  |   | 17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Busch</b> ADDRESS <b>4417 Rosa Ave</b>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                             |                               | <b>MEDICAL CERTIFICATION</b><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary occlusion - heart</b><br>ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (b) <b>Cerebral apoplexy</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 weeks</b><br><b>3 weeks</b> |
| 19a. DATE OF OPERATION _____  |                               | 19b. MAJOR FINDINGS OF OPERATION _____   |   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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)<br><b>420.1</b>   |  |  |  |
| 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 <b>July 13, 1953</b> to <b>Aug 3, 1953</b> , that I last saw the deceased alive on <b>Aug 3, 1953</b> , and that death occurred at <b>12:45 P.m.</b> , from the causes and on the date stated above. |                               |  |   |   |  |  |  |
| 23a. SIGNATURE <b>John Sert M.D.</b> (Degree or title)  |                               |  |   | 23b. ADDRESS <b>7840 California</b>   |  | 23c. DATE SIGNED <b>8-4-'53</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |                               | 24b. DATE <b>8-6-1953</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY <b>Concordia Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>4209 Bates St. Mo</b>   |  |
| DATE REC'D BY LOCAL REG. <b>AUG 4 1953</b>  |                               | REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Fiegenheim Bros.</b> ADDRESS <b>6409 Gravois Ave</b>  |  |  |  |

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. ....

Signed Etienne R. Rumbino

Signed.....  
Student Embalmer

Licensed Embalmer No. 4283

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.