

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5993

State File No. ....

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1196

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>7411 Beacon St. 2079</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>Busch</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>2-7-54</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>2-1-54</u>		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Days <u>6</u> IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Chas. H. Busch</u>		13b. MOTHER'S MAIDEN NAME <u>Roslowski</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia, Bilateral</u>		DUPLICATE (b) <u>Atresia and absence lower 1/2 of esophagus</u>			DUPLICATE (c)	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congenital Heart lesion - Transposition</u>			4 days	
19a. DATE OF OPERATION <u>Feb 5, 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Atresia and absence of lower 1/2 of esophagus</u>			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 building, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7630</u>		
22. I hereby certify that I attended the deceased from <u>Feb 1, 1954</u> , to <u>Feb 7, 1954</u> , that I last saw the deceased alive on <u>Feb 6, 1954</u> , and that death occurred at <u>2:00 a.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>William D. M. Dornus, M.D.</u>		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>Feb 7, 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-8-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		DATE REC'D BY LOCAL REG. <u>FEB 8 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>Central Funeral Home</u>		ADDRESS <u>1841 Cass Ave</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Not Embalmed*.....  
Licensed Embalmer No.....

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.