

FILED JAN 15 1957

STANDARD CERTIFICATE OF DEATH

1003

42796
STATE FILE NUMBER 12105
Registrar's No.

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MISSOURI		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp.		d. STREET ADDRESS 3147 NEBRASKA	
3. NAME OF DECEASED (Type or print) First ANTON Middle Last BUSCH		4. DATE OF DEATH Month Dec. Day 30 Year 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 9, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIRE CAPTAIN		10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS FIRE DEPT.	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.
13. FATHER'S NAME ANTON BUSCH		14. MOTHER'S MAIDEN NAME ANNA HARRIG	
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. NONE	17. INFORMANT EMMA BUSCH Address 3147 NEBRASKA
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 8 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 12/26/56 to 12/30/56 and last saw him her alive on 12/30/56 Death occurred at 11:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas J. Roach M.D.		22b. ADDRESS 1515 Lafayette Ave.	
22c. DATE SIGNED 12/31/56.			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 1-3-1957	
23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.	
24. FUNERAL DIRECTOR J. L. ZIEGENHEIN & SONS 7077 GRAYBIS		25. DATE RECD. BY LOCAL REG. JAN 2 1957	
26. REGISTRAR'S SIGNATURE Carl Smith MD		26. REGISTRAR'S SIGNATURE acm	

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 *C. P. Kidwell*.....

Licensed Embalmer No. *38*.....

P. O. Address *7027*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.