

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9805

STATE FILE NUMBER

FILED MAR 26 1957

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>RURAL ST. FRANCOIS TWP FARMINGTON Mo.</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN <u>ST. LOUIS 2009</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STATE HOSPITAL #4</u> Length of stay in 1b <u>17 YEARS</u>				d. STREET ADDRESS (If outside, give location) <u>ST. MARY HOSPITAL</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>CHRISTINE</u> Middle Last <u>BUSCH</u>			4. DATE OF DEATH Month <u>March</u> Day <u>16</u> Year <u>1957</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>			
8. DATE OF BIRTH <u>JAN. 23 1886</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Month <u>1</u> Days <u>23</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NURSE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>WATERLOO, ILL.</u>			
13. FATHER'S NAME <u>BENJAMIN BUSCH</u>		14. MOTHER'S MAIDEN NAME <u>MARGARET BRUEGGEMANN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>3644<sup>a</sup> CALIFORNIA ST. LOUIS, MO</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> Interval Between ONSET AND DEATH <u>Instantaneous</u> DUE TO (b) <u>Coronary Sclerosis</u> <u>Unknown</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Dementia Praecox mixed type - since 1940</u>							
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 <u>9:57</u> Month, Day, Year a. m. <u>A.</u> 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 <u>Aug. 1, 1947</u> to <u>March 16, 1957</u> and last saw her <u>alive on March 15, 1957</u> Death occurred at <u>9:57 A. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>John A. Brennan, M.D.</u>			22b. ADDRESS <u>State Hosp. #4, Farmington Mo.</u>		22c. DATE SIGNED <u>3-16-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>MAR. 18 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER + PAUL CEM.</u>			
24. FUNERAL DIRECTOR <u>Thomas Kutis 2906 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 18, 1957</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>			
26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

289-0

MAR 26 1957

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 *James C. Hill* \_\_\_\_\_

Licensed Embalmer No. *434*

P. O. Address *2906 St. Louis*

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.