

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58720

3991

State File No.

BIRTH NO. _____ R.G. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 161

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 ST. FERDINAND TOWNSHIP

c. CITY OR TOWN ST. LOUIS

d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (in this place) 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION 10068 BON OAK

e. STREET ADDRESS (If rural, give location) 1790 4210 CASTLEMAN

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH b. (Middle) DEAN c. (Last) BUSCHER

4. DATE OF DEATH (Month) (Day) (Year) JAN 16 1958

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (specify) single

8. DATE OF BIRTH AUG. 16, 1957

9. AGE (In years last birthday) 5 IF UNDER 1 YEAR Months 5 Days 0 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOSEPH F. BUSCHER

13b. MOTHER'S MAIDEN NAME RITA ANN JONES

14. NAME OF HUSBAND OR WIFE None

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'S SIGNATURE OR NAME ADDRESS JOSEPH F. BUSCHER, 4210 CASTLEMAN ST. LOUIS, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus INTERVAL BETWEEN ONSET AND DEATH Since Birth
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 752X
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-21, 1957, to 1-16, 1958 that I last saw the deceased alive on 1-16, 1958 and that death occurred at 3:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Dr.

23b. ADDRESS 330 St. Jacques Florissant, Mo.

23c. DATE SIGNED 1-17-58

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE JAN 17, 1958

24c. NAME OF CEMETERY OR CREMATORY RESURRECTION

24d. LOCATION (City, town, or county) (State) ST. LOUIS Co. MO.

DATE REC'D BY LOCAL REG. 1-17-58

REGISTRAR'S SIGNATURE [Signature]

25. GENERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] FLORISSANT, MO.

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

Student.....
Signature of Student Embalmer

Signed *Paul A. Hutchens*.....

Licensed Embalmer No. *4966*.....

P. O. Address *FLORISSANT, LA.*.....

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.