

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-030605
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7599

1. PLACE OF DEATH
 a. COUNTY St. Louis, Mo
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hosp Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE St. Louis b. COUNTY Mo
 c. CITY OR TOWN St. Louis 16, Mo. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3975 Federrer Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Busch, Joseph A. BUSCH

4. DATE OF DEATH Month Day Year
8 14 61

5. SEX M **6. COLOR OR RACE** W **7. Married** **Never Married**
Widowed **Divorced**

8. DATE OF BIRTH 4/25/84 **9. AGE (last birthday)** 77

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Brewer
10b. KIND OF BUSINESS OR INDUSTRY Anheuser Busch **11. BIRTHPLACE** (City and state or country) Mo. Sullivan, Mo. **12. CITIZEN OF WHAT COUNTRY** U.S.A.

13a. FATHER'S NAME Joseph A. Busch **13b. MOTHER'S MAIDEN NAME** Lena Aner **14. NAME OF HUSBAND OR WIFE** Florence K.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) no
17. INFORMANT Mrs. Genevieve H. Friedman 3975 Federer Pl.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute Apoplectic Apehyxia INTERVAL BETWEEN ONSET AND DEATH _____
 DUE TO (b) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 795.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT **SUICIDE** **HOMICIDE**
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**
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 8-1-61 to 8-14-61 and last saw him alive on 8-14-61
 Death occurred at 1st flr 8-14-61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles B. Jenny M.D. (Degree or title) M.D. **22b. ADDRESS** Firmin Desloge Hosp. **22c. DATE SIGNED** 8-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal **23b. DATE** 8-18-61 **23c. NAME OF CEMETERY OR CREMATORY** Valhalla Mausoleum **23d. LOCATION** (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary ADDRESS 6464 Chippewa St. **25. DATE RECD. BY LOCAL REG.** AUG 15 1961 **26. REGISTRAR'S SIGNATURE** Earl Smith, M.D.

DATE AMENDED _____
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS _____
 INSTEAD OF _____
 SHOULD READ _____
 ITEM NO. _____
 BY AFFIDAVIT OF _____

Doctor Physician did not know underlying cause
 DOCUMENT

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 Linus C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.