

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

5920

PLACE OF DEATH

County St. Louis Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City Florissant, Mo. (No. Robbins Mill Road St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. Rout #1, Florissant, Mo. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sophia Busker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3 = 1862</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>8</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Florissant Missouri</u>		
13. NAME <u>Albert Busker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Margaret Kaelter</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Sophia Busker Rout #1, Florissant, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Florissant, Mo. Feb. 11 - 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. S. Clark 1125 N. Diamond Ave.</u>		
20. FILED <u>2/8</u> 1932 <u>Emma J. Harris</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7 = 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15 1929, to July 7 1931
 I last saw him alive on July 7 1931. Death is said to have occurred on the date stated above, at 7:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Distention of heart
 Other contributory causes of importance:
Valvular heart disease

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. Leggat, M. D.
 (Address) Florissant, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

96
FEB 25 1932

