

REC'D JUN 12 1939

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

791
1003

16480
Do not use this space.

4014

1. PLACE OF DEATH 2

(a) County Registration District No.

(b) Township Primary Registration District No. Registered No.

(c) City St. Louis (d) Street No. 4442 Bircher Boulevard St. 7
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 48 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Theresa Busselman

(a) Residence, No. 4442 Bircher Boulevard St. 7
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Henry Busselman
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 10 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as 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) Cincinnati Ohio (STATE OR COUNTRY) 1

FATHER 13. NAME Charles Mehl S

14. BIRTHPLACE (CITY OR TOWN) Ste. Genevieve (STATE OR COUNTRY) S

MOTHER 15. MAIDEN NAME Mary Diepenbrock 6

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Henry Busselman
(ADDRESS) 4442 Bircher Boulevard

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE May 3 1939

19. FUNERAL DIRECTOR (NAME) Bromschwig Und Co.
(ADDRESS) 4746 W. Florissant Ave.

20. FILED MAY 1 1939 J. D. Buech
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18 1938 to April 30 1939

I last saw him alive on April 30 1938... Death is said to have occurred on the date stated above, at 5:55 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary infection

93C

Other contributory causes of importance:
Chronic bronchitis
Chronic myocarditis
Arteriosclerosis

Date of onset 4.24.39

1938

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify
(Signed) John J. Lee M. D.
(Address) 4703 Carter Ave. St. Louis

WHITE PLAINLY, WITH UNWADING 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.

1 X 16603

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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 this body is not embalmed, above space should be left blank.