

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31268**

REGD OCT 14 1939 791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

8331

1. PLACE OF DEATH:

1003

- (a) County _____
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 8 weeks
(Specify whether)
- In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
- (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
- (d) Street No. 2209a Salisbury St.
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? _____ years.

20

MEDICAL CERTIFICATION

8. (a) PRINT FULL NAME August (Gus) Busalaki **242**

20. DATE OF DEATH: Month Sept. day 26
year 1939 hour 4 minute _____ A. M.

8. (b) If veteran, name war no 8. (c) Social Security No. 498-07-9511

21. I hereby certify that I attended the deceased from Aug. 6, 1939, to Sept 26, 1939; that I last saw him alive on Sept 25, 1939; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

Immediate cause of death Aplastic Anemia Duration 75 years history

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 11, 1914
(Month) (Day) (Year)

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>7</u>	<u>15</u>	_____ hr. _____ min.

Due to _____

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Day La borer

Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business Tavern

12. Name Tony Busalaki

13. Birthplace Italy
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Shante

15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anthony Busalaki
(b) Address 2209 Salisbury St.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) (e) Means of injury _____

17. (a) Burial (b) Date thereof Sept. 29, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Frederick J. ...
(b) Address 1431 Union Blvd.

23. Signature Thos. A. Dill (M. D. or other) Med.
Address 7376a Manchester Date signed _____

19. (a) SEP 29 1939 (b) J. P. ...
(Date received local registrar) (Registrar's signature)

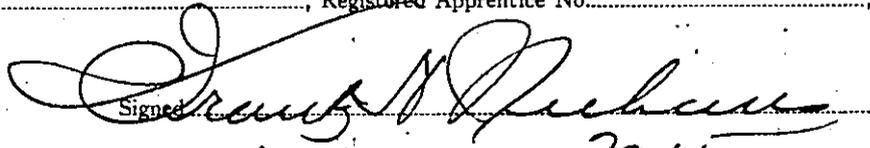
Rev. 5-17-39 50M-5-17-39

Andrew
7348 Massachusetts - d

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 

Licensed Embalmer No. 2915

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.