DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

41561

State File No. 10684

Registrar's No.

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Faith Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 40 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")

(d) Street No. 918 Wash St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Brasa (Bessie) Busalacchi

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mathew Busalacchi.

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 7, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	6	6	hr. min.

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

10. Usual occupation Housework

11. Industry or business "

FATHER
12. Name Ignazio Gillardi
13. Birthplace Italy
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Conti
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Busalacchi
(b) Address 918 Wash St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15, 39
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Benicia Nichans
(b) Address 1431 Union Blvd.

19. (a) DEC 14 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1939 hour 7 minute 30.a M.

21. I hereby certify that I attended the deceased from 11/30/39, 19..., to 12/13/39, 19...;
that I last saw her alive on 12/13, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death 1) Lobar pneumonia (Terminal)	
Due to	
Due to 53	
Other conditions Transverse myelitis probable due to malignancy	
Major findings: Of operations of (?) generalized	
Of autopsy primary site unknown	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)

While at work? (e) Means of injury

23. Signature A. J. Signorelli (M. D. or other) MD
Address 1829 Cass Date signed 12/13/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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