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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**FILED** JUN 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16309**  
Registrar's No. **3827**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town. **Saint Louis, Missouri.**  
(c) Name of hospital or institution: **City Hospital.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME. **Frank F. Buster.**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **NONE**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single.**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 31st, 1882.**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **9** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Unknown Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer.**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Bentor Buster**  
13. Birthplace **Unknown Kentucky.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna Cutman**  
15. Birthplace **Unknown Missouri.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert Buster**  
(b) Address **Bismarck Missouri.**

17. (a) **Removal** (b) Date thereof **May 6, 1941.**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Valley Mines, Missouri.**

18. (a) Signature of funeral director **Elegenther Bros.**  
(b) Address **2223 Cherokee Street.**

19. (a) **MAY 6 1941** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri.** (b) County **000**  
(c) City or town. **Saint Louis, 247**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3741 South Jefferson Ave.**  
(If rural, give location) **0**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **4th,**  
year **1941.** hour **8** minute **30 A.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Thrombosis; Chronic Bronchitis.**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury **3**  
23. Signature **[Signature]** (M.D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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

*W E Morris*

Licensed Embalmer No. *3360*

P. O. Address *2623 Cherry*

**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, fact should be so stated above.**