

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4041**

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

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution City Hospital via Morgue.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community 45 years.

3. (a) PRINT FULL NAME Matteo Busalocchi, or Busalacki.

(b) If veteran, name war None

(c) Social Security No. none

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife Brasa Busalacki.

(c) Age of husband or wife if alive years

7. Birth date of deceased April 11, 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>1</u>	<u>0</u>	hr. min.

9. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

10. Usual occupation Fruit Dealer.

11. Industry or business

MOTHER FATHER

12. Name Yaggo Busalacki.

13. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

14. Maiden name Rosie Condi.

15. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Busalacki Jr.

(b) Address 1005 1/2 N 10 St.

17. (a) Burial. (b) Date thereof May 15.41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of informant Bernard Nicholas  
1431 Union Blvd.

(b) Address

19. (a) MAY 13 1941 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis. 125  
(If outside city or town limits, write "RURAL")

(d) Street No. 1005 N. 10th St. 9  
(If rural, give location)

(e) 45 years years  
(If foreign, give long. U. S. A.)

20. DATE OF DEATH: Month May day 11  
year 1941 hour 8:08 minute PO M.

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

Immediate cause of death Coronary Sclerosis;  
Chronic Myocarditis.

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

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

Other conditions (Handwritten notes)  
(Include pregnancy within 3 months of death)

Major findings: (Handwritten notes)

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? Yes

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature (Handwritten Signature) (M. D. or other) 3  
Address (Handwritten Address) Date signed 5/13/41

**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.....

*Frank H. Yehau*  
*2915*

Licensed Embalmer No.....

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, fact should be so stated above.**