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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23154

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5506

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

1. PLACE OF DEATH:

(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 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 0
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 109
(If outside city or town limits, write "RURAL")

(d) Street No. 3013½ Kossuth Ave
(If rural, give location)

(e) Citizen of foreign country? No Attending Physician (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Busack

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Mo

5. Color or race W

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased 6 (Month) 1 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
70	1	1	hr. min.

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

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Henry E. Mooney
(b) Address 3013½ Kossuth Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Sullivan Bros
(b) Address 2849 No. Euclid Ave

19. (a) JUL 3 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2d year 1941 hour 10 10 minute 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.

	Duration
Immediate cause of death Myalogenous Leukemia	
Due to Hypernephroma	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Alfred J. Perry (M. D. or other) B
Address Cypress Conon Date signed 7/3/41

(Licensed Embalmer's Statement on Reverse Side)

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

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

If this body is not embalmed, fact should be so stated above.