

S. No. 2  
1-14-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

8363

State File No. \_\_\_\_\_  
Registrar's No. 3231

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
5820 Highland Ave.  
(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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5820 Highland Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph A. Busson.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 9  
year 1942 hour 12.30 minute P.M. M.

3. (b) If veteran, name war No 3. (c) Social Security No. 702-12-9489

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.

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

Immediate cause of death:  
Coronary Occlusion;  
Coronary Sclerosis.

6. (b) Name of husband or wife Gertrude Busson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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

7. Birth date of deceased. Sept. 15, 1877.  
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day  
64 6 25 hr. \_\_\_\_\_ min.

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

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

Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Railroad Clerk, Southwestern

11. Industry or business Freight Bureau.

12. Name Ferdinand Busson

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

14. Maiden name Elizabeth Pensoneau

15. Birthplace French Village, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Cyril Busson

(b) Address 12 N. 95 St. Bellville, Ill.

17. (a) Burial (b) Date thereof April 11/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark,  
(b) Address 1125 Hodiamont Ave.

19. (a) APR 10 1942 (b) J. F. Medeck  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

23. 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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed [Signature]

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

330

(Licensed Embalmer's Statement on Reverse Side)

City Coroner.

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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

*J. G. Sullivan*

Licensed Embalmer No. *1122*

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.**