

U. S. No. 2
DM-1-4-41
Rev. 5-17-39
I X28390

12471

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 19 1942 791

4175

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town ST. LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 13 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State ST. LOUIS, MO (b) County _____

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1371 1/2 N. Union Bl.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert George Busiek

3. (b) If veteran, name war no

3. (c) Social Security No. 492-03-0209

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 1942
year 10:25 hour pm minute _____ M.

21. I hereby certify that I attended the deceased from June 27th
1942 19 _____ to May 8 1942

4. Sex male 5. Color or race white

6. (a) Name of husband or wife Eva Louise Busiek

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

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased: January 16, 1889
(Month) (Day) (Year)

that I last saw him alive on May 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia

Due to nephritis, malignant hypertension

8. AGE: Years Months Days If less than one day

52 3 23 hr. _____ min.

Due to _____

Other conditions (include pregnancy within 3 months of death) 1/2

9. Birthplace ST. LOUIS, MO
(City, town, or county) (State or foreign country)

10. Usual occupation Engraver

Major findings: Of operations 1/2

Of autopsy sclerotic kidneys hyperphasic heart, etc.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name John Busiek

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

14. Maiden name Anna Pickens

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

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? _____

16. (a) Informant Em Busiek

(b) Address 1371 1/2 N. Union Blvd.

17. (a) Burial (b) Date thereof 5-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Thomas P. ... (M. D. or other) _____
Address 4660 Mayland Date signed 5/11/42

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) MAY 12 1942 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

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

Thos C. Burdall
4660 Maryland
R 0467

9-12 A.M.
3-5 P.M.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.