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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22836**

FILED AUG 7 1943

318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

6868

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:
St. Louis City Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution..... **24 days**
In this community..... **Life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **12**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL") **913**
(d) Street No. **5800 Arsenal**
(If rural, give location)
(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Frances Busing**

3. (b) If veteran, name war..... **No** 3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Separated**
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **January 4, 1877**
(Month) (Day) (Year)

8. AGE: **66** Years Months **6** Days **21** If less than one day hr. min.

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

10. Usual occupation **Nil.**

11. Industry or business **Nil.**

12. Name **Nichola S. Bohn** 13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Frances Zingline** 15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ann P. Morrison**

(b) Address **St. Louis City Hospital.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **7-31-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY**

18. (a) Signature of funeral director **Callen - Kelly**

(b) Address **1416 N. TAYLOR AVE**

19. (a) **JUL 29 1943** (Date received local registrar) (b) **J. F. Budick** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **25** year **1943** hour **6:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 2, 1943** to **July 25, 1943** that I last saw her alive on **July 25, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Artery Disease**
Due to **arteriosclerosis heart disease**
Due to **arteriosclerosis generalized**

Other conditions (include pregnancy within 3 months of death) **None**
Major findings: Of operations **None**
Of autopsy **post and ant**

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) (c) Means of injury
23. Signature **L. Stearns** (M.D.)
Address **1515 Lafayette Avenue.** Date signed **7/26/43**

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

MOTHER FATHER

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

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.....

James G. Lammers

Licensed Embalmer No. *4142*

P. O. Address. *St. Louis*

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.