

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36190

State File No. ....

Registrar's No. 9458 ✓

FILED NOV 18 1943 18

Registration District No. 1003 Primary Registration District No. 1003

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:  
5724 Rosa 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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 5724 Rosa Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles F. Bussdiker

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26th  
year 1943 hour 3:45 minute P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Late Ida Bussdiker

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

7. Birth date of deceased April 30th 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 19th 1942 to Oct. 26 1943; that I last saw him alive on Oct. 26 1943; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death Adeno carcinoma of Rectum 1 yr

Due to Secondary Anaemia due to hemorrhage 1 yr

Due to Myocarditis (acute) 1 week

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

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

10. Usual occupation Caretaker

11. Industry or business Tower Grove Park

MOTHER FATHER { 12. Name Henry Bussdiker

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

14. Maiden name Mary Rheimer

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

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Virginia Dikis

(b) Address 5724 Rosa Ave.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 10-29-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

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

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

19. (a) OCT 27 1943 (b) J. F. Bredeck  
(Date received local registration) (Registrar's signature)

23. Signature Walter Perdyman (M. D. or other) \_\_\_\_\_

Address 3146 Morgan Date signed \_\_\_\_\_

DR. FLORENCE  
5146 S. Margaret St  
Rm 3757  
9-10

**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 Edwin A. Mc Dermott

Licensed Embalmer No. 3024

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.**