S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 133

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 146

**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: 3705 Pennsylvania 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:** 000

(a) State Missouri, (b) County 12
(c) City or town St. Louis, 024
(If outside city or town limits, write "RURAL")
(d) Street No. 3705 Pennsylvania Ave.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ~~Wm. Hy.~~ William H. Bussen,

3. (b) If veteran, name war

3. (c) Social Security No. 498-18-9053

4. Sex Male,

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 10 (Day) 1889 (Year)

8. AGE: Years 54 Months 5 Days 25 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Wood-worker

11. Industry or business Baldor Electric Co.

FATHER
12. Name William Bussen,
13. Birthplace (City, town, or county) Germany, (State or foreign country) 4

MOTHER
14. Maiden name Anna Korte,
15. Birthplace (City, town, or county) Germany, (State or foreign country) 4

16. (a) Informant Mrs. Wm. Dahmer,
(b) Address 3705 Pennsylvania Ave.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 1/8/44 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem

18. (a) Signature of funeral director Gebkin-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) JAN 6 1944 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 5 year 1944 hour 10: minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1944 to Jan 5, 1944 that I last saw him alive on Jan 5, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death ~~10:5~~ Heart block, coronary thrombosis | 4 D |
| Due to Acute indigestion from eating | 4-5 D |
| Due to Chilicon carne | |
| Other conditions (Include pregnancy within 3 months of death) | |

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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 D

23. Signature D. I. Johnson M.D. (M.D. or other)
Address 2801 Chippewa Date signed 1-6-44

(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.....Joe S. Berg.....

Licensed Embalmer No.....4249.....

P. O. Address.....2842 Meramec St., St. Louis, Mo.....

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

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