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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28711

FILED AUG 28 1944

Registration District No. 1947

Primary Registration District No. 3070

Registrar's No. 1749

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 607 Clark
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ——— (Specify whether
In this community 40 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS 96

(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")

(d) Street No. 607 CLARK 4
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ——— 0

3. (a) PRINT FULL NAME THOMAS ADAMS BUSSONG

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE 0

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife LULU KATHERINE BUSSONG

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased AUG (Month) 20 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day.
76	11	28	hr. min.

9. Birthplace LEBANON (City, town, or county) ILL (State or foreign country) 1

10. Usual occupation MAIL CARRIER

11. Industry or business RETIRED

FATHER
12. Name PETER BUSSONG 4
13. Birthplace BAVARIA (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name JANE WALLACE
15. Birthplace UNKNOWN (City, town, or county) IRELAND (State or foreign country) 4

16. (a) Informant Mrs. T. A. Bussong

(b) Address 607 Clark Webster Groves Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG (Month) 19 (Day) 1944 (Year)

(c) Place: burial or cremation ST PAULS CHURCHYARD

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

(b) Address Webster Groves Mo

19. (a) AUG 19 1944 (Date received local registrar) (b) C. G. McGavan, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th year 1944 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from July 17, 1934, to Aug 17, 1944, that I last saw him alive on Aug - 17, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach.	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ca. of Stomach
Of autopsy not done

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

23. Signature Ralph E. Gaston (M. D. or other)

Address Webster Groves Mo Date signed 8/18/44

(Licensed Embalmer's Statement on Reverse Side)

DEC 4 1944

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 Leslie Welch, Registered Apprentice No. 362, working under my personal supervision.

Signed C. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves Mo

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.