

7. S. No. 2  
DOM-5-43  
rev. 5-17-39  
I X36671

FILED NOV 30 1944 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

9844

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: 2227 Sublette  
(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:

(a) State Missouri (b) County COU  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 113  
(d) Street No. 2227 Sublette  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lura Busby

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 15 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 5 3 hr. min.

9. Birthplace Unknown Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Haynes  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant General J. Busby  
(b) Address 1600a N. 9th St.  
17. (a) Removal (b) Date thereof 11-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Jonesboro, Arkansas

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address NOV 4700 Washington Blvd.  
19. (a) NOV 30 1944 J. F. Bredick  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 18  
year 1944 hour 2:30 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Jan 4 1944 to Nov 18 1944  
that I last saw her alive on Nov 18 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 1 year  
Duration 1 year  
Due to 1/3  
Due to \_\_\_\_\_

Other conditions Diabetes Mellitus ?  
(Include pregnancy within 3 months of death)

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? no  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0  
23. Signature Vincent J. Parnell M. D. or other MD  
Address 3101 Sulliv Ave (Date signed 11-29-44)

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

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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.....

*John Agnoski*

Licensed Embalmer No..... 3398

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.**