

S. No. 2
100M-5-43
Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35724**
Registrar's No. **9895**

FILED NOV 22 1944

Registration District No. _____ Primary Registration District No. **4003**

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

1. PLACE OF DEATH: **318**

(a) County _____
 (b) City or town **Saint Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Saint Louis Maternity Hospital
(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 **000**
 (c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4515 Lindell Blvd.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Infant Girl Bussman June #2**
 3. (b) If veteran, name war _____ No _____
 3. (c) Social Security _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **13**
 year **1944** hour **6** minute **30 PM**

21. I hereby certify that I attended the deceased from _____
 19____ to _____ 19____
 that I last saw her alive on **11/13** 19**44**
 and that death occurred on the date and hour stated above.

"B"
 4. Sex **Female** 5. Color or race **W**
 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 **November 13, 1944**
(Month) (Day) (Year)

Immediate cause of death **Cerelectasis**
 Due to **Prematurity (30 wks. gestation)**
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

159

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {
 12. Name **Donald William Bussman**
 13. Birthplace **Saint Louis, Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **Elsie Dolores Drummond**
 15. Birthplace **Saint Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Saint Louis Maternity**
 (b) Address **630 So. Kingshighway**

17. (a) **BURIAL** (b) Date thereof **NOV 16-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

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)
 Means of injury _____

23. Signature **Carl P. Wegner** (M. D. or other) _____
 Address **630 So. Kingshighway** Date signed **11/15/44**

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

18. (a) Signature of funeral director **L. Miller**
 (b) Address **515 DELMAR BL**

19. (a) **NOV 15 1944** (b) **J. F. Bradach**
(Date received local registrar) (Registrar's signature)

