

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28909**
7621
Registrar's No. _____

FILED AUG 21 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
3810a N. 23rd St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

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

(d) Street No. 3810a N. 23rd St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Antonino Busalacchi, known as Antonio Busalaki

3. (b) If veteran, name war None

3. (c) Social Security No. 492-03-1931

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Busalaki 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 27, 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 11 If less than one day _____ hr. _____ min.

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

Retired

10. Usual occupation Packer, Funsten Company

11. Industry or business _____

12. Name Giacomo Busalaki

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

14. Maiden name Louise Shanto

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

16. (a) Informant Rose Busalaki

(b) Address 3810a N. 23rd St.

17. (a) Burial (b) Date thereof Aug. 12, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of informant Joseph J. Bredek
1431 Union Blvd.

(b) Address _____

19. (a) 11/1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8
year 1947 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from Aug. 6, 1947, to Aug 8, 1947
that I last saw him alive on Aug 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 days

Due to Arterio Sclerosis

Due to Hypertension PH 5 year

Other conditions PH
(Include pregnancy within 3 months of death)

Major findings: None PHYSICIAN _____

Of operations _____

Of autopsy None
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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

3. Signature J. Scollano (M. D. or other) _____
1007 Cass Date signed 8-9-47

*Mr. S. J. [unclear]
[unclear]*

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 *[Handwritten Signature]*
Licensed Embalmer No. *2915*
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.