FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 15 1948
Registration District No. 367

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 18261
Registrar's No. 1314

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9724 South Broadway
(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 St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 9724 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

96
0
0
0

3. (a) PRINT FULL NAME Katharina Busiek
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Diedrich Busiek
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased February (Month) 7 (Day) 1867 (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	3	16	..... hr. ..... min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Nil
11. Industry or business .....
FATHER
12. Name John Meister
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Rudolph Busiek
(b) Address 9724 S. Broadway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. John Mehlville, Mo.
18. (a) Signature of funeral director C. Hoffmeister U.&L. Co.
(b) Address 7814 S. Broadway
19. (a) 5-22-48 (Date received local registrar) (b) Carl A. J. Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1948 hour 3 minute 10 P.M.
21. I hereby certify that I attended the deceased from Jan. 1, 1947 to May 23, 1948
that I last saw her alive on May 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Endocarditis	2 yrs
Acute Bronchitis	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

920

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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 A. W. Peters (M. D. or other) M.D.
Address 4145 a S. Grand Blvd. Date signed 5/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

4145a S. Branch
Lo 7733
2-4 P.M. 5-24-48
Be there at 2:30 and
Dr. Peters secretary
will take care of
certificate.

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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

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