

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**18984**

State File No. ....

No. 306  
10-48

XC 16 208 425  
Reg. 14505  
14 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2400

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>ST. LOUIS</b>	b. STATE <b>MISSOURI</b>		c. COUNTY <b>ST. LOUIS</b>
d. CITY (If outside corporate limits, write RURAL and give township) <b>JEFF. BRKS. MO.</b>	c. LENGTH OF STAY (in this place) <b>10 Minutes</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>LEMAI</b> <u>4870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VET. ADM. HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>Route 8, Box 145</b> <u>0</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>JULIUS</b>	b. (Middle) <b>J.</b>	c. (Last) <b>BUSIEK</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>6/9/51</b>
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<b>5. SEX</b> <b>MALE</b> <input type="radio"/>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>5/5/90</b>	<b>9. AGE</b> (In years last birthday) <b>61 yrs.</b> If under 1 year: Months _____ Days _____ If under 24 hrs.: Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during part of working life, even if retired) <b>Grocer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Louis County, Mo.</b> <u>0</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Henry Busiek</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sophie Idecker</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mamie Busiek</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World I</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>V. A. HOSPITAL RECORDS</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>ARTERIOSCLEROTIC HEART DISEASE</b>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>NONE</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>JEFF. BRKS. MO. MISSOURI</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>V.A.</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 6/9/, 1951, to 6/9, 1951, ~~from the time of death~~ and that death occurred at 7:55p m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>J. Evans</i>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>V.A. HOSP. JEFF. BRKS. MO.</b>	<b>23c. DATE SIGNED</b> <b>6/9/51</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>June 12, 1951</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>National Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>6-11-51</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Robert P. Lonke</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Hoffmeister U. &amp; L. Co.</b>	<b>ADDRESS</b> <b>7814 S. Broadway, St. Louis, Mo.</b>
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.