

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 4 1953

State File No. **19247**
Registrar's No. **5006**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 12yrs.		d. STREET ADDRESS (If rural, give location) 16 3400 S. Grand Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor			

3. NAME OF DECEASED (Type or Print)	a. (First) ANNA	b. (Middle)	c. (Last) BUSSEN	4. DATE OF DEATH (Month) (Day) (Year) May 16, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 27, 1884	9. AGE (In years last birthday) (Months) (Days) (Hrs.) (Mins.) 68
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm. G. R. Bussen	13b. MOTHER'S MAIDEN NAME Anna H. Korte	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Dahmer	ADDRESS 3705 Pennsylvania Ave
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH yes yes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Ind.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200
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22. I hereby certify that I attended the deceased from **Jan 1953** to **5/16/53**, that I last saw the deceased alive on **5/16/53**, and that death occurred at **11:00 PM**, from the causes and on the date stated above.

23a. SIGNATURE M. Mezera	(Degree or title) U.	23b. ADDRESS 589 NO. GRAND ST. LOUIS, MO.	23c. DATE SIGNED 5/16/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/20/53	24c. NAME OF CEMETERY OR CREMATORY SS. Peter and Paul Cemetery	24d. LOCATION (Only, town, or county) (State) St. Louis Missouri
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DATE REC'D BY LOCAL REG. MAY 18 1953	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary	ADDRESS 2842 Meramec St.
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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

John C. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.
St. Louis 18 Mo.

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

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