

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

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

State File No. **31728**

FILED SEP 22 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2080**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY St. Louis		a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN Lemay 4880	
c. LENGTH OF STAY (in this place) D.O.A.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital		e. STREET ADDRESS (If rural, give location) 418 Longstreet	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) JOHN	b. (Middle) E.	c. (Last) BUSALACKI	(Month) (Day) (Year) Sept. 3, 1955		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 8, 1931	9. AGE (in years last birthday) 23	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soda Bottler	10b. KIND OF BUSINESS OR INDUSTRY Canada Dry Soda Co.	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 John Busalacki	13b. MOTHER'S MAIDEN NAME Ann O'Fallon	14. NAME OF HUSBAND OR WIFE Thelma
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. 300 26 7561	17. INFORMANT'S SIGNATURE OR NAME Thelma Busalacki	ADDRESS 418 Longstreet Lemay, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH _____
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull and lacerated		
	ANTECEDENT CAUSES DUE TO (b) brain, compatible with injuries received in collision or sudden DUE TO (c) arrest of a moving vehicle		

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lemay 400 St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Sept. 3, 1955 1:57 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Lost control of car he was operating and was thrown out of same, head striking building
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 1:30A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Arnold J. Willmann</i>	(Degree or title) Coroner 3	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 9-8-55
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24a. BURIAL CRYPT Calvary	24b. DATE Sept. 7, 1955	24c. NAME OF CEMETERY OR CREMATORY Calvary 5239 W. Florissant	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 9/6/55	REGISTRAR'S SIGNATURE <i>Herbert R. Double MB</i>	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister	ADDRESS U. & L. Co. 781 S. Broadway St. Louis, Mo.
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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.....
Signature of Student Embalmer

Signed *Harry J. Spumack*.....

Licensed Embalmer No. *2679*

P. O. Address *7814 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.