

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22383

State File No.

FILED JUL 2 1956

BIRTH NO.		REG. DIST. NO. <u>312</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1446</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Lemay</u>		c. LENGTH OF STAY (in this place) town(ship) <u>36 years</u>		c. CITY OR TOWN <u>Lemay</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9724a So. Broadway</u>				e. STREET ADDRESS (If rural, give location) <u>9724a So. Broadway</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rudolph</u> b. (Middle) <u>A.</u> c. (Last) <u>Busiek</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1956</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 30, 1888</u>		
				9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mehlville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Dietrick Busiek</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Meister</u>			14. NAME OF HUSBAND OR WIFE <u>Mamie Helmos Busiek</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>496-36-0400A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mamie Busiek 9724a So. Broadway, Lemay, Mo.</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Succession of cerebral hemorrhages; paralysis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Feb. 23, 1951</u> to <u>June 12, 1956</u> that I last saw the deceased alive on <u>June 12, 1956</u> , and that death occurred at <u>8:00P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>A. M. Bates</u>			23b. ADDRESS (Degree or title) <u>M.D.</u> <u>4145 a S. Grand Blvd.</u>			23c. DATE SIGNED <u>6/13/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 16, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mehlville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6-13-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donohue</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U. & L. Co.</u> <u>7814 So. Broadway St. Louis, Mo.</u> (Licensed Embalmer) (Statement on Reverse Side)				

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

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 *Bill C. Dawson*.....

Licensed Embalmer No. *4764*.....

P. O. Address *St. Louis, Mo.*.....

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.