

FILED DEC 18 1956

STANDARD CERTIFICATE OF DEATH

State File No. 42798

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|---|-------------------------------|--|---|---|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 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, Mo. | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN St. Louis, | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced dead at City Hospital | | | | e. STREET ADDRESS (If rural, give location) 4439a Pennsylvania Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Wilhelmina (Minnie) A. | | | b. (Middle) _____ | | c. (Last) Bussen | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1956. |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 2, 1891 | | 9. AGE (In years last birthday) 65 | 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) 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. | |
| 13a. FATHER'S NAME Frank Riese | | 13b. MOTHER'S MAIDEN NAME Mary Lutz | | 14. NAME OF HUSBAND OR WIFE Emil E. Bussen | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 496-28-1969 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emil E. Bussen 4439a Pennsylvania Ave. | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocardial Insufficiency DUE TO (c) Arterio-Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | | | | INTERVAL BETWEEN ONSET AND DEATH 1 hour 3 years 1 year | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION None | | 420.1 | | 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 Jan 2 , 1952, to Nov. 26 , 1956, that I last saw the deceased alive on Nov. 26 , 1956, and that death occurred at 10:00 A.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Julius E. Roster M.D. | | | | 23b. ADDRESS 2603 Sherwood St. | | 23c. DATE SIGNED 11-28-56. | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Nov. 30, 1956 | 24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri. | | |
| DATE REC'D BY LOCAL REG. NOV 28 1956 | | REGISTRAR'S SIGNATURE Charles Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary 2842 Meramec St. St. Louis, 18, Mo. | | | |

(Licensed Embalmer's 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 me..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Joe B. Benz
Licensed Embalmer No. 4249.....
2842 Meramec St.
P. O. Address St. Louis, 18,

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.