

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002794

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5**

FILED JAN 26 1959

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, give TOWNSHIP only) OR TOWN St. Louis,		c. CITY OR TOWN St. Louis,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital		d. STREET ADDRESS (If outside, give location) 7159 4651 Steffen, AVE.	

3. NAME OF DECEASED (Type or print) First Frieda Middle E. Last Bussen,			4. DATE OF DEATH Month January Day 1, Year 1959		
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5. SEX Female.	6. COLOR OR RACE White,	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 17, 1888	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	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) At Home,	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri,	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Weber,	13b. MOTHER'S MAIDEN NAME Ida Kessler,	14. NAME OF HUSBAND OR WIFE Herman E. Bussen, (Dec'd)
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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 Herbert A. Bussen,	Address 4651 Steffen,
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Disease		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
DUE TO (b) Arteriosclerotic CVA Dis		
DUE TO (c) 420.1		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Status Asthma		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 12-9-58 to 1-1-59 and last saw her alive on 12-31-58 Death occurred at 2:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles Roster MD	(Degree or title)	22b. ADDRESS 5600 S Compton	22c. DATE SIGNED 1-2-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial,	23b. DATE 1/5/59	23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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24. FUNERAL DIRECTOR Gebken-Benz Mortuary,	ADDRESS 2842 Meramec St., St. Louis, 18, Mo.	25. DATE RECD. BY LOCAL REG. JAN 2 '59	26. REGISTRAR'S SIGNATURE J. Earl Smith MD (H.T.)
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(Licensed Embalmer's Statement on Reverse Side)

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1-57
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3
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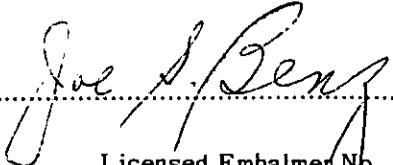
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 4249
2842 Meramec St.,
P. O. Address St. Louis, 18, ... M

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.