

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034312

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2392

FILED AUG 19 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 4000
2 4002
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP LEMAI		Length of stay in 1b MONTHS	c. CITY OR TOWN CLAYTON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT ST ROSE HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 911 S HERMANE
3. NAME OF DECEASED (Type or print) First FRANK Middle H Last BUSSMANN			4. DATE OF DEATH Month JULY Day 25 Year 1963
5. SEX MALE	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 5/11/1891
9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUSSMANN MFG	10b. KIND OF BUSINESS OR INDUSTRY ELECTRICAL
11. BIRTHPLACE (City and state or country) ST. LOUIS, MO	12. CITIZEN OF WHAT COUNTRY U.S.A	13a. FATHER'S NAME BERNARD BUSSMANN	13b. MOTHER'S MAIDEN NAME REGINA KROEGER
14. NAME OF HUSBAND OR WIFE SELMA BUSSMANN	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO	16. SOCIAL SECURITY NO. 00	17. INFORMANT Address N.V. BUSSMANN 925 S HERMANE
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral malaria Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) General Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 13 mos 18 mos
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
21. I attended the deceased from June 1962 to July 15 and last saw him alive on July 15/63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE (Degree or title) Clayton M. S.		22b. ADDRESS 3720 Washington	22c. DATE SIGNED 7/27/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/29/1963	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) ST LOUIS MISSOURI
24. FUNERAL DIRECTOR ADDRESS STOCK MORT 889 S BRENTWOOD		25. DATE RECD. BY LOCAL REG. 7-29-63	26. REGISTRAR'S SIGNATURE John B. Murphy

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 Paul A. Wachter

Licensed Embalmer No. 4787

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.