

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 23110

1. PLACE OF DEATH
 County..... Registration District No. **791**
 Township..... Primary Registration District No. **1002**
 City **St. Louis** (No. **1927 Wodien St.**) St. Ward)

2. FULL NAME **Marie Busekrius**
 (a) Residence. No. **1927 Wodien St.** St. **26** Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. **6565**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**

4. COLOR OR RACE **White**

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Louis Busekrius.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 17 1853**

7. AGE
 YEARS **78** MONTHS **4** DAYS **25**
 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **at home**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 12 1931**

17. I HEREBY CERTIFY, That I attended deceased from **May 29 1931**, to **June 12 1931**, that I last saw her alive on **June 11 1931**, and that death occurred, on the date stated above, at **7:15 a. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Enteritis
120 B
162 (duration) yrs. mos. **14** ds.
CONTRIBUTORY Senility-Debility. (SECONDARY)
 (duration) ? yrs. ? mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED **120**
 IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? No. DATE OF.....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS **Clinical.**
 (Signed) **Arthur J. deMasey**, M. D.
6/12 1931 (Address) **4046 N. Grand Bl.**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

10. NAME OF FATHER **Fred Walle**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT **Lolara Busekrius**
 (Address) **1927 Wodien St.**

15. FILED **JUN 15 1931** **W. E. WARDEN** REGISTRAR

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **New Bethel** **6/15 1931** DATE OF BURIAL

20. UNDERTAKER **Thos. H. Biederwieden** **St. Louis** ADDRESS **1936**

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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