MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—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.

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

Do not use this space.

36480

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~

Township ..... Primary Registration District No. .....

City St. Louis (No. 3248, Knapp St. ..... St. ..... Ward)

File No. .....

Registered No. 11038

2. FULL NAME Emma Busekrus

(a) Residence, No. 3248 Knapp St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. COLOR OR RACE White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August G. Busekrus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19, 1900

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
31	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Mo.

FATHER

13. NAME Harvey Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Mary K. Jacobs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Aug. G. Busekrus 3248 Knapp St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Bethlehem DATE Nov. 3 1931

19. UNDERTAKER (ADDRESS) Theo. W. Beiderwieden 1936 St. Louis Mo.

20. FILED NOV -3 1931 19 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 6th, 1931, to Oct 31st, 1931

I last saw her alive on Oct 30th, 19..... Death is said to have occurred on the date stated above, at 9:06 A.m.

The principal cause of death and related causes of importance were as follows:

Pthisis Pulmonalis — Date of onset July 1930

23A 23

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Xray & Sputa Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur Sundlaer, M. D.

(Address) 2202 University St