

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

Do not use this space.

7814

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 904)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 1784
St..... Ward)

2. FULL NAME

(a) Residence, No. 904 Carr St. 25 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Buseladi

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Abt 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Abt 79 Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drum dealer
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Joe Buseladi
904 Carr

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 2/21 1933

19. UNDERTAKER (ADDRESS) Beulah McHans
1138 N. 6th St.

20. FILED FEB 21 1933 Max C. Starnitz Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1933 to Feb 18 1933
I last saw him alive on Feb 17 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Cerebral Hemorrhage Date of onset Feb 16
131
42A
97 131

Other contributory causes of importance:
Arteriosclerosis + Chronic Bronchitis
Intestinal Obstruction
Slight Cerebral Hemorrhage May 15

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?

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? no.
If so, specify Arthur H. Jost M. D.
(Signed) Arthur H. Jost M. D.
(Address) 1901 Madison St.

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.

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