

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

Do not use this space.

34473

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 4423

City St. Louis (No. St. Johns Hospital)

File No. ....

Registered No. 8614

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Ruegg Mo. St. 12 Ward.

(Usual place of abode)

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 12, 1923</u>		
7. AGE	YEARS	MONTHS
		DAYS
		if LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Child</u>
	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) <u>Ruegg Missouri</u>		
FATHER	13. NAME <u>Melvin Buss</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waverly Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Mildred Ward</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Charleston Missouri</u>	
17. INFORMANT <u>Mr. John Ward</u> (ADDRESS) <u>Ruegg Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Blanch Jackson Cem.</u> DATE <u>Oct 9, 1933</u>		
19. UNDERTAKER <u>Geo. L. Pleitsch Inc.</u> (ADDRESS) <u>5966 Easton Ave</u>		
20. FILED <u>1933</u> <u>J. H. Bredebeck</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1933 to Oct 2, 1933

I last saw him alive on Oct 2, 1933 Death is said to have occurred on the date stated above, at 10 P. m.

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

molnulation

107A

58

Other contributory causes of importance:

Bronchopneumonia

Date of onset 10/1/33

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?.....

If so, specify.....

(Signed) Geo. L. Pleitsch, M. D.

(Address) 5966 Easton Ave, St. Louis, Mo.

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.

NOV 10 1933

Dr. Castello

Lister. Bldg.

11 to 12

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