

JAN 24 1935

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

Do not use this space.

44636

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City, *St. Louis Mo.* (No. *5078*, *Washington Al.*) St. *11741* (Ward)

2. FULL NAME

Louise Busell

(a) Residence, No. *3278 Washington* St., *12* 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) *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 *V. A. Busell*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 29-1882*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
52. 8. 10.

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

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

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) *St. Jacobs Tex.*

13. NAME *Andrew Sutter*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Chicago, Ill.*

15. MAIDEN NAME *Phillipine Burkhardt*

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

17. INFORMANT *V. A. Busell* (ADDRESS) *5078 Washington Al.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Lawn* DATE *Dec. 12-1934*

19. UNDERTAKER *Edith E. Embursten* (ADDRESS) *4234 Manchester av*

20. FILED *6 12 1934* 19 *J. F. Bredek* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 9- 1934*

22. I HEREBY CERTIFY, That I attended deceased from *March 19, 1934* to *Dec 9, 1934*

I last saw her alive on *Dec 9, 1934* Death is said to have occurred on the date stated above, at *10:30 P.M.*

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

Adeno-Carcinoma myocardial chronic Cardiac Carcinoma probably in uterus primarily

Other contributory causes of importance:

Name of operation *none* Date of operation *4/8*

What test confirmed diagnosis?..... 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? *no*

If so, specify..... (Signed) *Howard M. Foster*, M. D. (Address) *4065 St. Louis Ave*

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.

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

8-1-11 12-2 P.M. - 6-6 P.M.