MAY 7 1937

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

Do not use this space.

14607

File No. 4103

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. BARNES HOSPITAL St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Francis Theodore Buss

(a) Residence, No. 917 Goodfellow Ave. St., 5 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: MALE

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 HELEN S. BUSS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 7th 1889

7. AGE: YEARS 47 MONTHS 11 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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 LOUIS MO

FATHER

13. NAME John B. Buss

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

MOTHER

15. MAIDEN NAME Sophia Reickher

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

17. INFORMANT (ADDRESS) HELE S. BUSS 917 Goodfellow Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla DATE Apr 20 1937

19. UNDERTAKER (ADDRESS) Wagoner Funeral Co 3627 Olive St.

20. FILED APR 19 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18th 1937

22. I HEREBY CERTIFY, That I attended deceased from February 18th 1937 to April 18th 1937

I last saw him alive on April 18th 1937 Death is said to have occurred on the date stated above, at 9.20 P.M.

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

	Date of onset
STRICTURE OF COMMON DUCT	1936
SUPPURATIVE CHOLANGITIS & Gallstones	1937
CHRONIC HEPATITIS & INSUFFICIENCY OF LIVER	1936
Obstructive of common gall duct due to adhesions	
Operation cause of which is unknown	

Other contributory causes of importance:

Name of operation Expl. Common Duct Date of 3-2-37

What test confirmed diagnosis? Was there an autopsy? YES

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) Bradford Cannon, M. D.

(Address) Barnes Hospital