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

REC'D JUN 12 1939

16799
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 4333
(c) or City St. Louis, (d) Street No. St. Anthony Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 250 Blanche K. Bussen
(a) Residence, No. 4439 Pennsylvania Ave. St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Herman J. Bussen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 12, 1888

7. AGE: YEARS 51 | MONTHS 1 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as 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): St. Louis, Mo.

FATHER
13. NAME: George Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, S Mo.

MOTHER
15. MAIDEN NAME: Mary McLaughlin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

17. INFORMANT (ADDRESS): Herman J. Bussen, 4439 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New SS. Peter & Paul DATE May 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED MAY 9 1939 J. F. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/29, 1939, to 5/6, 1939
I last saw her alive on 5/6, 1939. Death is said to have occurred on the date stated above, at 9:25 P.m.
The principal cause of death and related causes of importance were as follows:

Peritonitis — Date of onset 4/29/39

1396

Other contributory causes of importance:
Oropsalpinx, non malignant, non-venereal

Name of operation Salpingectomy Date of 4/29/39
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) Albert Bode, M. D.
(Address) 3115 S. Grand Blvd

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license:)

If this body is not embalmed, above space should be left blank.