

16741

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

4219

JUN 15 1940 791

Registration District No.

Primary Registration District No.

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2648 California Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

8. (a) PRINT FULL NAME ALOIS BUSEMAN 2558. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Kate 6. (c) Age of husband or wife if alive 55 years7. Birth date of deceased February 10 1879  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
61 2 29 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Stationary Fireman11. Industry or business Invalid for 10 yrs12. Name Eberhard Buseman13. Birthplace Germany14. Maiden name Maria Schwalbe15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Kate Buseman(b) Address 2648 California Ave.17. (a) Burial (b) Date thereof May 13, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New S. Peter & Paul Cemetery18. (a) Signature of funeral director J. H. Schaller(b) Address 2842 Meramec St.19. (a) MAY 11 1940 (b) \_\_\_\_\_  
(Date received from registrar) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 23  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2648 California Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9  
year 1940 hour 12 minute 10 P. M.21. I hereby certify that I attended the deceased from 2-27-40  
to May 9, 1940  
that I last saw him alive on May 9, 1940  
and that death occurred on the date and hour stated aboveImmediate cause of death Cirrhosis of the Liver (atrophic) Duration 3 yrs.Due to Chronic Interstitial Nephritis  
Due to Chronic MyocarditisOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Francis T. Schaller (M. D. or other) M.D.Address 4005 Gravois Date signed 5-10-40

(Licensed Embalmer's Statement on Reverse Side)

LA 5021

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39  
1 X1931

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.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 Me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Laron E. Percy

Licensed Embalmer No. 4094

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

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

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