

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

State File No.

33149

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community
years, months or days)

3. (a) PRINT

FULL NAME Dennis B. Buzen

3. (b) If veteran,

name war No.

3. (c) Social Security

No. 49E-10-05864. Sex Male

5. Color or

race White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Martha

6. (c) Age of husband or wife if

alive 45 years

7. Birth date of deceased

Oct.71892

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

471125

hr.

min.

9. Birthplace

CreightonMissouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Truck Driver

11. Industry or business

MOTHER FATHER

12. Name

William Riley Buzen

13. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name

Mary Palmer

15. Birthplace

Iowa

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Martha Buzen

(b) Address

Kansas City, Mo.

17. (a)

Removal

(b) Date thereof

10-2-40

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Kansas City, Mo.

18. (a) Signature of funeral director

Albert H. Hoppe

(b) Address

4700 Washington Ave.

19. (a)

OCT - 2 1940

(b)

D.R. Meyer

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1408 Wabash
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st
year 1940 hour 11 minute 00 M.

21. I hereby certify that I attended the deceased from 10/1, 1940, to 10/11, 1940
that I last saw him alive on 10/10/11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral embolus 8 hrs.
Bacterial Endocarditis
with vegetation on
mitral valve

Due to

Due to

Other 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 _____ (c) Means of injury _____

23. Signature _____ (M. D. or other)

Address Kansas City, Mo. Date signed 10/1/40

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 Albert N. Nappé

Licensed Embalmer No. 1861

P. O. Address.....

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, fact should be so stated above.