

COPIED MAR 25 1941
Registration District No. **1003**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2/4/41 to _____
(Specify whether _____)
In this community 2/13/41
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town St. Clair 3 NR
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 6
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 13
year 1941 hour 2:10 a minute M.

21. I hereby certify that I attended the deceased from 2/4/41
_____, 19____, to 2/13/41, 19____;
that I last saw him alive on 2/13/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Meningitis, tuberculous
Duration 12 Days

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury 3

23. Signature C. P. Shank (M. D. or other) _____
Address 5600 Arsenal Date signed 2/13/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME ALBERT RAYMOND BUSSE

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased JULY 20 1923
(Month) (Day) (Year)

8. AGE: Years _____ Months 17 Days 6 23 If less than one day _____ hr. _____ min.

9. Birthplace ST. CLAIR MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CCC ENROLLEE

11. Industry or business _____

12. Name ROBERT BUSSE

13. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

14. Maiden name FLORENCE UNKNOWN

15. Birthplace LORAIN K KOWAL OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant A. Lane - R. Lane

(b) Address 5600 Arsenal St.

17. (a) BURIAL (b) Date thereof FEB. 15. 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. CLAIR, MO

18. (a) Signature of funeral director C. Hoffmeister & Co.

(b) Address 7814 S. Broadway

19. (a) FEB 14 1941 (b) J. W. Breder
(Date received local registrar) (Registrar's signature)

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.