

JUL 13 1942 791

Primary Registration District No.

1003

5666

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

1. PLACE OF DEATH:

(a) County ST LOUIS MO.
(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:
ST JOHNS HOSP
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MINN. (b) County 999
(c) City or town WINONAIS - NR
(If outside city or town limits, write "RURAL")
(d) Street No. 2535 E 1st St
(If rural, give location) 21
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME FRANCES PAULINE BUSTEN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife ALBERT BUSTEN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT. 9. 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace MINN. (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name UNKNOWN KAISER

13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Harry Busten

(b) Address 2535 E 1st St. Tulsa Okla

17. (a) REMOVAL (b) Date thereof 7-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TULSA OKLA

18. (a) Signature of funeral director L. M. Muller

(b) Address 5765 DELMAR

19. (a) (Date received by registrar) JUL 1 1942 (Registrar's signature) J. J. Medeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 6/27/42 1942 to 6/30 1942 that I last saw her alive on 6/30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 24 hrs.

Due to Dangerous intestine 24 hrs.

Due to Incarcerated Ventral hernia 3 days.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Gangrenous small + large intestine Of autopsy _____ PHYSICIAN _____ Underline the cause to which death should be charged statistically.

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 0

23. Signature B. H. Longblin (M., D., or other) _____

Address 1139 Bellvue Date signed 7/1/42

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

H. G. Harris

Licensed Embalmer No.

3384

P. O. Address

St. Louis

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.