

FILED DEC 14 1942

Registration District No. 189

Primary Registration District No. 202

Registrar's No. 2585

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

1. PLACE OF DEATH:

(a) County St. Louis. Co.

(b) City or town Normandy, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
107 Emerling Drive
(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 Missouri (b) County.....

(c) City or town Normandy, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 107 Emerling Drive
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME George S. Busk

3. (b) If veteran, name war.....

3. (c) Social Security No. 488-01-7903

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1942 hour 7:10 minute 0 A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eve Busk

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April 15, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-7, 1942, to 11-28, 1942, that I last saw him alive on 11-28, 1942; and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>65</u> | <u>7</u> | <u>23</u> | hr. _____ min. |

Immediate cause of death Acute coronary thrombosis (fuddeer death)

Due to chronic coronary heart disease 1 yr.

Due to.....

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

10. Usual occupation Engraver

11. Industry or business Central Engraving Co.

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

Major findings:
Of operations.....

Of autopsy.....

MOTHER FATHER { 12. Name Edward J. Busk

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

14. Maiden name Unknown

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

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16. (a) Informant Eva Busk

(b) Address 107 Emerling Drive, Normandy

17. (a) Burial (b) Date thereof 12/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon

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?.....

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) DEC 9 - 1942 (b) C. J. Mc...
(Date received local health officer's statement) (Registrar's signature)

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature Arthur B. Way (M. D. or other).....
Address 3720 Washington Blvd Date signed 11-9-42

Copies
- 387
1/14/42

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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.....

Licensed Embalmer No.....

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.