

FILED JUN 14 1943
Registration District No. _____

Primary Registration District No. **1003**

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

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:
4142 Lea Place /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4142 Lea Pl.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Albert Buss**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3**
year **1943** hour **7** minute **55** A. M.

4. Sex **Male** () 5. Color or race **White**

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

6. (b) Name of husband or wife **Amanda Zuck Buss**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **August 14, 1867**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 13**, 19**42** to **June 2**, 19**43**
that I last saw him alive on **June 2**, 19**43**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	75	9	19	_____ hr. _____ min.

Immediate cause of death _____

Due to **Myocardial infarction and Arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death) **None**

9. Birthplace **New York** - **New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Metal Contractor**

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **Albert Buss**

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

14. Maiden name **Frances Kiefer**

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

16. (a) Informant **Mrs. Amanda Buss**

(b) Address **4142 Lea Pl.**

17. (a) **Burial** (b) Date thereof **6/5/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany**

18. (a) Signature of funeral director **Stroot-Carroll**

(b) Address **4600 Natural Bridge**

19. (a) **JUN 4 1943** (b) **J. F. Brueck**
(Date received local registration) (Registrar's signature)

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)

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

23. Signature **Albert Buss** (M. D. or other) _____

Address **5014 The Plaza** Date signed **6-3-43**

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 *Frank H. Street*

Licensed Embalmer No. 2265

P.O. Address 4607 1/2 Bridge Ave

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.