

V. S. No. 2  
SOM-5-42  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**ED AUG 23 1943**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
1003

State File No. **27029**  
Registrar's No. **7418**

Registration District No. **818**  
Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
(a) County **St. Louis, Missouri**  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Homer G. Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 days**  
(Specify whether \_\_\_\_\_)  
In this community **26 years**  
(years, months or days)

**3. (a) PRINT FULL NAME** **Oliver Bussey**  
**3. (b) If veteran.** \_\_\_\_\_ **3. (c) Social Security** \_\_\_\_\_  
name war. \_\_\_\_\_ No. **497-09-0310**

**4. Sex** **Male** **5. Color or race** **Cauc**  
**6. (a) Single, widowed, married, divorced.** **Married**  
**6. (b) Name of husband or wife** **Mary** **6. (c) Age of husband or wife if** **54**  
alive \_\_\_\_\_ years  
**7. Birth date of deceased** **Oct 24 1894**  
(Month) (Day) (Year)

**8. AGE:** Years **48** Months **40** Days **20** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Caddo Gap Ark**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** \_\_\_\_\_

**12. Name** **Ben Thomas**

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

**14. Maiden name** **Francis Russey**

**15. Birthplace** **Caddo Gap Ark**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Clarence Russey**

**(b) Address** **3208 School St**

**17. (a) Removal** \_\_\_\_\_ **(b) Date thereof** **8-18-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Glenwood Ark**

**18. (a) Signature of funeral director** **J. H. ...**

**(b) Address** **3133 ...**

**19. (a) AUG 17 1943** **(b) J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

**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. **3308 School St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **August** day **14,**  
year **1943** hour **12** minute **40A.M.**

**21. I hereby certify that I attended the deceased from** **August 6,**  
**1943, to August 14,** **1943**  
that I last saw him alive on **August 14,** **1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypertensive encephalopathy**  
**Chr. Nephritis**

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 \_\_\_\_\_

**23. Signature** **P. E. Smith** (M. D. or other) \_\_\_\_\_  
**Address** **2601 W. ...** **Date signed** **8/16/43**

**Duration**  
**2 weeks**  
**Unk.**  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

804

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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.....

*S. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Christie*

**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.**