

FILED JAN 3 1945
Registration District No. 3145

Primary Registration District No. 1003

Registrar's No. 11510

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:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether
In this community _____
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. 5235 Bancroft Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS H. BUSSEN

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

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 alive _____ years

7. Birth date of deceased December 6, 1943.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-- -- 14 hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Herbert L. Bussen.

13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Ruth M. Reeb (State or foreign country)

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

16. (a) Informant Ruth M. Bussen
(b) Address 5235 Bancroft Avenue

17. (a) Burial (b) Date thereof Dec. 23. 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Allen Ray Matney
(b) Address 2842 Meramec Street

19. (a) DEC 22 1943 (b) J. J. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1943 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec 6 1943 to Dec 20 1943
that I last saw her alive on Dec 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of Lungs Duration 14 da
Due to Congestive weakness 14 da
Due to Premature Birth (8 mo)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 154

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) no
(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 Herbert L. Bussen (M.D. or other)
Address 5705 1/2 Chipewa Date signed _____

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

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.....

Joe S. Benz
Licensed Embalmer No. *42495*

P. O. Address *1877 W. ... St*

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.