. No. 2
1—5-43
5-17-39
1 X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 132

Registrar's No. 1031

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:
Faith Hospital 0
(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)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis. 9 V
(If outside city or town limits, write "RURAL")

(d) Street No. 3810a North 23rd St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Peter Busalaki.

3. (b) If veteran, name war None

3. (c) Social Security No. 498-09-9951

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 Feb. 2. 1910 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
33	11	28	hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver.

11. Industry or business Howards Cleaners.

FATHER
12. Name Antonino Busalaki.
13. Birthplace Italy
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Shanto.
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Busalaki
(b) Address 3810a N. 23rd St.

17. (a) Burial. (b) Date thereof Feb. 2.1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Berneck-Graham
(b) Address 1431 Union Blvd.

19. (a) FEB 1 1944 (b) J. F. Berneck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1944 hour 9 minute 55 p. M.

21. I hereby certify that I attended the deceased from Jan. 7, 1944, to Jan. 30, 1944
that I last saw him alive on Jan 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Peritonitis	123 days
Due to Perforated duodenal ulcer (operated) 0	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Peritonitis
Perforated duodenal ulcer
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jos. P. Berman (M. D. or other)
Address 1225 No. Grand Date signed 1/31/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Vernier
1225 Mo. Grand
Ge 1840
Lawn 1-3

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 [signature]

Licensed Embalmer No. 2915

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.