V. S. No. 2
00M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 26118

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7606

**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:
4650 Penrose St. 1
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Missouri (b) County 17

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

(d) Street No. 4650 Penrose St. 7
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Walter John Buss

3. (b) If veteran, name war No

3. (c) Social Security No 492-09-7250

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Emma Buss

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased November 11, 1880
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 63 | 9 | 20 | hr. min. |

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

10. Usual occupation Inspector

11. Industry or business Lewis Invisible Stitch Co.

FATHER
12. Name John Buss
13. Birthplace - - England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Mott
15. Birthplace St. Paul, Minnesota 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Buss
(b) Address 4650 Penrose St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4, 1944.
(Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) SEP 2 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 31st
year 1944 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 14, 1944, to Aug. 29, 1944;
that I last saw him alive on Aug. 29, 1944;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocardial failure | 3 months |
| Due to: Mitral Stenosis | several |
| Chronic passive congestion | years. |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| 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 0

23. Signature John J. Forte (M. D. ~~or other~~)

Address 4703 Castleview, St. Louis Date signed 9-1-44

(Licensed Embalmer's Statement on Reverse Side)

O Marcus Carter
10-12 a.m.

## 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 John A. Milman

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

**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.**