

FILED SEP 30 1944 318

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 8165

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:
J.C. Penny Co. Warehouse; 400 S. 14th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 40 years 3 (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. 3920 De Tonty
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Bussman, Lloyd V.

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 Nov. 18 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 10 5 hr. min.

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

10. Usual occupation Checker and Clerk

11. Industry or business J.C. Penny Co. Warehouse

MOTHER FATHER { 12. Name Henry Bussman
 13. Birthplace Beardstown Ill.
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Voeller
 15. Birthplace Beardstown, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Rowe
 (b) Address 4212 Lawn

17. (a) Burial (b) Date thereof Sept. 26, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. Beardstown, Ill.

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
 (b) Address 1936 St. Louis, Ave.

19. (a) SEP 25 1944 (b) J. F. Bredner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
 year 1944 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb 9 1944 to Sept 16 1944
 that I last saw him alive on 9/16/44 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis

Due to Chronic Hypocholitis
 Other conditions (Include pregnancy within 3 months of death) 9/3

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? _____

While at work? _____ (Specify type of place) _____
 means of injury _____

23. Signature Otto Hansen (M. D. or other) _____
 Address 3157 1/2 Park Ave Date signed 9/23/44

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

31579 Park

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.....

Delbert J. Kriskin

Licensed Embalmer No..... *34970*

P. O. Address..... *1936 St. Louis*

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.