

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35723**  
Registrar's No. **9694**

Registration District No. **318** Primary Registration District No. **1003**

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

3. (a) PRINT FULL NAME **Infant Girl Bussman #1**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **"A" Female** | 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **0**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **November 13, 1944**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**1 00 hrs** min.

9. Birthplace **Saint Louis, Missouri**  
(City, town, or county) (State or foreign country)

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

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

12. Name **Donald William Bussman**  
13. Birthplace **Saint Louis, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elsie Dolores Drummond**  
15. Birthplace **Saint Louis, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Saint Louis Maternity**  
(b) Address **630 So. Kingshighway**

17. (a) **BURIAL** (b) Date thereof **NOV 16 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEM**  
18. (a) Signature of funeral director **L. Muller, D.D.C.**  
(b) Address **5165 Delmar Pl**

19. (a) **NOV 15 1944** (b) **J. F. Bredich**  
(Date received local Registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4515 Lindell Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **November** Day **14**  
year **1944** hour **8** minute **30** p. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
that I last saw her alive on **11/14/44**, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death **atelectasis**  
Due to **Prematurity (30 wks gestation)**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **151**  
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 **Carl P. Wegner** (M. D. or other) **M.D.**  
Address **630 So. Kingshighway** Date signed **11/17/44**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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.....

*No Embalming*, Registered Apprentice No. ....  
working under my personal supervision.

Signed *H. G. Farnie*.....

Licensed Embalmer No. *3384*.....

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.**