

FILED DEC 27 1944

1003

State File No. _____

Registrar's No. 10640

Registration District No. _____

Primary Registration District No. _____

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

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:
4119 Potomac St.
(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 James Henry Buss

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 May 20 1944
(Month) (Day) (Year)

8. AGE: Years -- Months 66 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Child

MOTHER FATHER { 11. Industry or business _____

12. Name Henry J. Buss 13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Grace Ann Nowotny

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

16. (a) Informant Henry J. Buss
(b) Address 4119 Potomac St.

17. (a) Burial (b) Date thereof 12/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) DEC 13 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4119 Potomac St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1944 hour 5 minute 15P. M.

21. I hereby certify that I attended the deceased from July 11 1944, to Dec 12 1944
that I last saw him alive on Dec 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Laenne's Angioma Congenital Defect of Liver Duration 6+ mo.

Due to Ascites

Due to _____
Other conditions (Include pregnancy within 3 months of death) 1/6/44

Major findings: 7/15/44 Liver 1/2 normal Bilian Angioma - section of liver
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) (e) Means of injury F

23. Signature Joseph A. Daniel (M. D. or other) _____
Address 3720 Washington Date signed 12/13/44

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..... *Francis Williamson*

Licensed Embalmer No... *3565*

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.