

7. S. No. 2  
 FORM-5-43  
 Rev. 5-17-39  
 1 X36671

State File No. 21171

**FILED JUN 19 1945**

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1190

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

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town Jennings  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5512 Fairridge Court.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
Jennings  
 (c) City or town Jennings  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5512 Fairridge Court.  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Richard Irwin Busse  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 21  
 year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from May 10  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on May 21, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

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 11 1945  
(Month) (Day) (Year)

Immediate cause of death  
Chronic myocardial hypertrophy of heart  
Bronch  
 Duration 2 mos  
 Other conditions 95c  
(Include pregnancy within 3 months of death)

**8. AGE:** Years \_\_\_\_\_ Months \_\_\_\_\_ Days 10  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

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

**MOTHER FATHER**  
 12. Name Irwin Busse  
 13. Birthplace Nashville Illinois  
(City, town, or county) (State or foreign country)  
 14. Maiden name Bernita Schiff  
 15. Birthplace Saint Louis  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy XRay  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Irwin W. Busse  
 (b) Address 5512 Fair Ridge Court

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof 5/23/45  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

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) (Means of injury)

18. (a) Signature of funeral director [Signature]  
 (b) Address 2117 East Grand Blvd.

19. (a) MAY 28 1945  
(Date received local registrar) E. B. McEavon  
(Registrar's signature)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address [Signature] Date signed [Signature]

318-1-01-01

5.11

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**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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.**