S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31741

FILED NOV 2 1945

Registration District No. 318

Primary Registration District No.

Registrar's No. 9233

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:
5204 Alcott Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5204 Alcott Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emma Busekrus

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Theodore W. Busekrus

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

7. Birth date of deceased Nov. (Month) 12th (Day) 1877 (Year)

8. AGE: Years 67 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Daniel Brumm
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Sophia Miller
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Mabel Nudelman
(b) Address 5209a Emmerson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) OCT 25 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24th year 1945 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from 10-22, 1945, to 10-24, 1945; that I last saw her alive on 10-22, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature [signature] (M. D. or other)

Address 4991 Church Date signed 10-25-45

(Licensed Embalmer's Statement on Reverse Side)

Nat. C. W. Bateman Rd
4991 Thurl
Ca 3,00
Pm

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 Albert R. Thompson Jr

Licensed Embalmer No. 4287

P. O. Address 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.