

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

25103

State File No.

Registrar's No.

6012

FILED JUL 28 1946
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:
Park Lane Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks
(Specify whether)
 In this community..... Life
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. 3942 N. Taylor Ave
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME William A. J. Bussmeyer
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 5
 year 1946 hour 8 minute 30 Pm.
 21. I hereby certify that I attended the deceased from July 24 1946 to July 26 1946
 that I last saw him alive on July 26 1946
 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 Married
 6. (b) Name of husband or wife..... Myrtle L. C. Bussmeyer
 6. (c) Age of husband or wife if alive 33 years
 7. Birth date of deceased..... May 20 1893
(Month) (Day) (Year)

Immediate cause of death.....
hypocalemia (con-
 vulsions)
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
53 1 20 hr. min.

Major findings:
 Of operations.....
 Of autopsy.....

9. Birthplace..... St. Louis Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation..... Electrician
 11. Industry or business..... Guarantee Electric Co
 12. Name..... Fred W. Bussmeyer
 13. Birthplace..... Germany
(City, town, or county) (State or foreign country)
 14. Maiden name..... Katherine Walkenhorst
 15. Birthplace..... Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant..... Myrtle Bussmeyer
 (b) Address..... 3942 N. Taylor Ave
 17. (a) Buried (b) Date thereof..... July 9 1946
(Burial, cremation or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation.....
Hiram Mt. Lebanon Cem
Calvin F. Feutz Funeral Home
 18. (a) Signature of funeral director.....
 (b) Address..... 4828 Nat Bridge Blvd
 19. (a) JUL 8 1946 (b) J. F. Breach
(Date received local registrar) (Registrar's signature)

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..... J. F. Breach (M. D. or other)
 Address..... 701-2nd St Date signed 7/8/46

705 Olive St
2-3 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 *John A. Mlesnar*
Licensed Embalmer No. *4184*
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.