

1. PLACE OF DEATH:

(a) County... St. Louis, Missouri.
(b) City or town... St. Louis, Missouri.
(c) Name of hospital or institution... St. Louis City Hospital - Max G. Starkloff
(d) Length of stay: In hospital or institution... 3 DAYS
In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI
(b) County... 000
(c) City or town... ST. LOUIS 17
(d) Street No... 3317 1/2 OREGON AVE 9
(e) Citizen of foreign country? 24 (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME

HENRY BUSEKRUS

(b) If veteran, name war... NONE

(c) Social Security No. 494-10-2806

4. Sex... MALE

5. Color or race... WHITE

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

6. (b) Name of husband or wife... MINNIE BUSEKRUS

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

7. Birth date of deceased... NOVEMBER 8 1879

8. AGE: Years 68, Months 4, Days 11, If less than one day

9. Birthplace... WENTZVILLE, Mo.

10. Usual occupation... OPERATING ENGINEER

11. Industry or business... EVANS + HOWARD SEWER PIPE CO.

12. Name... FREDERICK BUSEKRUS

13. Birthplace... UNKNOWN

14. Maiden name... LAURA WELLS

15. Birthplace... UNKNOWN

16. (a) Informant... MRS HENRIETTA WILDERMAN

(b) Address... 3713 ABERDEEN AVE, ALTON, ILL.

17. (a) Burial, cremation, or removal... BURIAL (b) Date thereof... MAR 23, 1948

(c) Place: burial or cremation... BELLEFONTAINE CEM.

18. (a) Signature of funeral director... Wm J. Robert R. + D. Co.

(b) Address... 1905 So. GRAND BLD

19. (a) MAR 23 1948 (Date received local registrar) (b) J. F. Braddock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1948 hour 7 minute 35 A. M.
21. I hereby certify that I attended the deceased from 3/16/48 to March 19th 1948 that I last saw him alive on March 19th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary Occlusion 2 mo
Due to... Myocardial Infarction 2 mo
Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations... Of autopsy...
PHYSICIAN Underline the cause of 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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
23. Signature... Joseph P. Padden M.D. 1515 Lafayette 3/19/48

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

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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 _____

Gerald O. Yehuke

Licensed Embalmer No. 3917

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.