. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 143926

FILED APR 30 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3775

1. PLACE OF DEATH:

(a) County St.Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St.Anthony's Hospital 0 (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 Missouri (b) County ado

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

(d) Street No. 2902 California Ave. (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

(24)

3. (a) PRINT FULL NAME Dannie Ray Busby

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 19, (Day) 1947 (Year)

8. AGE: Years | Months 7 | Days 2 | If less than one day hr. min.

9. Birthplace Union City, (City, town, or county) Tennessee (State or foreign country) /

10. Usual occupation None

11. Industry or business

FATHER
12. Name Cecil Busby
13. Birthplace Union City (City, town, or county) Tennessee (State or foreign country) /

MOTHER
14. Maiden name Beatrice Singleton
15. Birthplace Pontiac, (City, town, or county) Michigan (State or foreign country) /

16. (a) Informant Cecil Busby

(b) Address 2902 California Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/48 (Month) (Day) (Year)

(c) Place: burial or cremation St.Mathews Cemetery

18. (a) Signature of funeral director JohnH.GebkenSonsUnd.Co.

(b) Address 2630 Gravois Ave.

19. (a) APR 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st, year 1948 hour 3,45 minute A M.

21. I hereby certify that I attended the deceased from 4-18, 1948 to 4-21, 1948 that I last saw him alive on 4-20, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Septicemia	3 days
Organism unknown	
Due to: Bronchopneumonia	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy as above	

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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? (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) 0

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) MD

Address 3905 [illegible] Date signed 4/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Robert F. Gethen.....

Licensed Embalmer No.....4144.....

P. O. Address.....7630 Gravois.

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.