

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Webster Groves St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Deaconess Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one week
 In this community 24 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town Webster Groves, 19.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 835 Tuxedo Bl.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LEONARD BUESSE

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alma Buesse 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July 19 1885
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 11 25 hr. min.

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

10. Usual occupation Retired Maintenance man

11. Industry or business Public school

12. Name August Buesse

13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Pauline Thiele

15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alma Buesse

(b) Address 835 Tuxedo Bl.

17. (a) burial (b) Date thereof 7 16 '48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Mittelberg Fun'l Home

(b) Address Webster Groves, 19, Mo.

19. (a) JUL 15 1948 (b) J. F. Bredek
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
 year 1948 hour 1 minute 30 a. m.

21. I hereby certify that I attended the deceased from 4-12-
April 12, 1941, to July 14, 1948

that I last saw him alive on July 14, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive disease with decompensation Duration 2 month

Due to Hypertensive heart disease years

Due to Chronic nephritis years

Other conditions Chronic nephritis years
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy as diagnosed

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ellsworth A. Westrup (M. D. or other)
 Address 204 E. Big Bend Date signed 7-15-48

MOTHER FATHER

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 Elmo R. Gadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.