V. S. No. 300
50M—10-47
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 19 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 37935

Registrar's No. 9437

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:
Enroute to City Hospital 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ood

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

(d) Street No. 1111 N. Market
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME WILLIAM BUESING

3. (b) If veteran, name war NONE

3. (c) Social Security No. —

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife Ann

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Oct. (Month) 9 (Day) 1902 (Year)

8. AGE: Years 46 Months 0 Days 21. If less than one day hr. min.

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

10. Usual occupation CONFECTIONERY

11. Industry or business

FATHER
12. Name August
13. Birthplace St Louis (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Arnin
15. Birthplace St Louis (City, town, or county) (State or foreign country)

16. (a) Informant Ann Buesing
(b) Address 1111 N. market

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 3 (Day) 48 (Year)
(c) Place: burial or cremation St Peter Cem.

18. (a) Signature of funeral director St Louis Funeral Home
(b) Address 2205 St Louis

19. (a) NOV 1 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31st year 1948 hour 12:04 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to 94a

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 3

23. Signature Alfred Kerr (M. D. or other)

Address Airport Corona Date signed 11/1/48

(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 Elton R. H. Kemelius

Licensed Embalmer No. 4283

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.