V. S. No. 300
50M—10-47
Rev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37944
Registrar's No. 10224

Registration District No. 318
Primary Registration District No. 1003

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: Mo. Pacific Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL")
(d) Street No. 3529a Texas Ave. 0
(If rural, give location)
24
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Lee Buster
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 Widow 2
6. (b) Name of husband or wife Myrtle
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Jan. (Month) 14 (Day) 1877 (Year)

8. AGE: Years 71 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Valle Mines (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Benjamin Buster
13. Birthplace Unknown (City, town, or county) Kentucky 1 (State or foreign country)
MOTHER
14. Maiden name Anna Ottman
15. Birthplace Unknown (City, town, or county) Unknown 4 (State or foreign country)
16. (a) Informant Lee Buster
(b) Address 3529a Texas
17. (a) (Motor) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery, DeSoto, Missouri
18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave.
19. (a) NOV 25 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1948 hour 2 minute 05 A M.
21. I hereby certify that I attended the deceased from Nov. 16, 1948, to Nov. 24, 1945
that I last saw him alive on Nov. 23, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Infarction	8 days
Due to: Pneumonia, bronchopneumonia	6 days
Due to:	
Other conditions (Include pregnancy within 3 months of death): Carcinoma of Prostate	2½ years

Major findings:
Of operations
Of autopsy

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Benjamin H. Chirles (M. D. ~~or other~~)
Address Mo. Pac. Hosp. Tel Date signed Nov. 24

(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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 3634 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.