

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28100**
Registrar's No. **7450**

FILED SEP 1 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5321 RUSKIN AVE		d. STREET ADDRESS (If rural, give location) 5321 RUSKIN AVE	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) W. c. (Last) BUESE		4. DATE OF DEATH (Month) (Day) (Year) AUG, 19, 1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 9/5/1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL HAULER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 39
		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FRED BUESE	13b. MOTHER'S MAIDEN NAME ELIZABETH SCHRAUTH	14. NAME OF HUSBAND OR WIFE
--------------------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 493-10-8353	17. INFORMANT'S SIGNATURE OR NAME KURT BUESE	ADDRESS 5321 RUSKIN AVE
--	--	---	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 Day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Cardiac-Vascular Disease DUE TO (c) Renal Disease		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H 4 2x
--	---	--

22. I hereby certify that I attended the deceased from **me**, 19 **51**, **Aug 19, 1951**, that I last saw the deceased alive on **Aug 19, 1951**, and that death occurred at **6:10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS 4114 W. [Address]	23c. DATE SIGNED Aug 21-51
---	---------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/22/51	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.
---	--------------------------	--	--

DATE REC'D BY LOCAL AUG 21 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE
--	--	---	---

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

402783
Medler-

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 4108

P. O. Address Shreveport, La.

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.