

STANDARD CERTIFICATE OF DEATH

State File No. **40034**  
Registrar's No. **10843**

FILED DEC 12 1952

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis - Enrouted</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis, 8130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>#1821a St. Louis</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Allen</u> c. (Last) <u>Buss....</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>II-25-1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child.</u>	8. DATE OF BIRTH <u>II-24-1952</u>
9. AGE (In years last birthday) <u>12</u>		IF UNDER 1 YEAR Months <u>12</u> IF UNDER 12 HRS. Days <u>12</u> Mths.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>East St. Louis, Ill., /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA....</u>	
13a. FATHER'S NAME <u>Robert J. Buss..</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Virginia Lucas..</u>	
14. NAME OF HUSBAND OR WIFE <u>None..</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No....</u>		16. SOCIAL SECURITY NO. <u>None..</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Robert J. Buss</u>		ADDRESS <u>#1821a St. Louis</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Interstetial Pneumonitis</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Interstetial Pneumonitis</u>			
DUE TO (c)			
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 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7:30</u>	
22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>10:45 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Patrick L. Gaylaw Esq.</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>11.25.52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>II-25-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Belleville, Ill.</u>
DATE REC'D BY LOCAL REG. <u>NOV 25 1952</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2490

P. O. Address P. H. Fairbanks

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.