

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2910
Registrar's No. 0774

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2910		Registrar's No. 0774							
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 2079											
d. FULL NAME OF HOSPITAL OR INSTITUTION 4866 CARTER AVE				d. STREET ADDRESS (If rural, give location) 4866 CARTER AVE											
3. NAME OF DECEASED (Type or Print)		a. (First) ROSE		b. (Middle)		c. (Last) BUISSON		4. DATE OF DEATH (Month) (Day) (Year) JAN, 21, 1953							
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 4-6-1868		9. AGE (In years last birthday) 84							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) PERRYVILLE MISSOURI				12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME JOSEPH BUISSON				13b. MOTHER'S MAIDEN NAME PHILAMINA BEY				14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROBERT ANTRAM 4852 CARTER AVE											
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerosis, generalized, far advanced ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Senility INTERVAL BETWEEN ONSET AND DEATH years				19a. DATE OF OPERATION						19b. MAJOR FINDINGS OF OPERATION					
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) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500			
22. I hereby certify that I attended the deceased from May 1851, to Jan 13, 1953, that I last saw the deceased alive on Jan 13, 1953, and that death occurred at 10 A. m., from the causes and on the date stated above.										23a. SIGNATURE (Type or Print) G. B. Eck. (M.D.)		23b. ADDRESS 508 N. Grand		23c. DATE SIGNED Jan 23, 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/24/53		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI		DATE REC'D BY LOCAL REG. JAN 23 1953		REGISTRAR'S SIGNATURE (Type or Print) Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Albert Mayfield

Licensed Embalmer No.

3077

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.