S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mulkins

FILED FEB 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7416

BIRTH NO. _____ REG. DIST. NO. 818 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1451

1. PLACE OF DEATH
a. COUNTY: S
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (In this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton 4462 1
d. STREET ADDRESS (If rural, give location): 11 Seminary Terrace

3. NAME OF DECEASED (Type or Print)
a. (First): Lydia
b. (Middle): M.
c. (Last): Buszin

4. DATE OF DEATH (Month) (Day) (Year): Feb. 5, 1953.

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 4
8. DATE OF BIRTH: Jan. 6, 1876 1
9. AGE (In years last birthday): 77 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and State or Foreign Country): Germany 4
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: LANGE
13b. MOTHER'S MAIDEN NAME: ROSINA LANGE
14. NAME OF HUSBAND OR WIFE: Paul T. Buszin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Water E. Buszin
ADDRESS: 11 Seminary Terrace

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: Several mos

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.* Arthritic Syndrome 1 Yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: As above – Choledoduodenostomy
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 157X

22. *I hereby certify that I attended the deceased from* 10/14/52, 19___, *to* 2/5/53, 19___, *that I last saw the deceased alive on* 2/5/53, 19___, *and that death occurred at* 1:55Pm., *from the causes and on the date stated above.*

23a. SIGNATURE Walter H. Hoefer (Degree or title) MD
23b. ADDRESS 3108 S Grand
23c. DATE SIGNED 2-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Feb. 9, 1953
24c. NAME OF CEMETERY OR CREMATORY: St. Luke's Cemetery
24d. LOCATION (City, town, or county) (State): Chicago, Ills.

DATE REC'D BY LOCAL REG. FEB 6 1953
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Beiderwieden F.H.Inc.
ADDRESS: 1936 St.Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

Av. W N.V. Hoefer
3108 So. Grand
12 30 – 5 30 pm

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 Felix J. Krispin

Licensed Embalmer No. 3497

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.