

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11340**
Registrar's No. **2436**

FILED MAR 24 1953

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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 2 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. STREET ADDRESS 3965A Ashland Ave.		d. STREET ADDRESS (If rural, give location) 18	
3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Fred c. (Last) Busenhart		4. DATE OF DEATH March 2 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 22 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Screw Co	9. AGE (In years last birthday) 61 # UNDER 1 YEAR Months 6 Days 1 # UNDER 24 HRS. Hours 0 Mins. 0
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Busenhart		13b. MOTHER'S MAIDEN NAME Lisette Schorr	
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) Yes: World War # 1	
16. SOCIAL SECURITY NO. 490-03-8504		17. INFORMANT'S SIGNATURE OR NAME Lisette Busenhart	
18. CAUSE OF DEATH (Enter only one cause per part (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>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated gastric ulcer with generalized peritonitis 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.	
19a. DATE OF OPERATION 2-28-53		19b. MAJOR FINDINGS OF OPERATION Perforated gastric ulcer	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 5401		22. I hereby certify that I attended the deceased from 2-28-53 , 19____, to 2-2-53 , 19____, that I last saw the deceased alive on 2-2-53 , 19____, and that death occurred at 4:22 AM. , from the causes and on the date stated above.	
23a. SIGNATURE James R. Meador MD		23b. ADDRESS 45 Central, Clayton Mo	
23c. DATE SIGNED 2-2-53		24. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24a. DATE March 5 1953		24b. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	
24c. LOCATION (City, town, or county) (State) St. Louis Co Mo		24d. LOCATION (City, town, or county) (State)	
25. FUNERAL DIRECTOR'S SIGNATURE Calvin F Feutz		25. ADDRESS 4828 Nat Bridge Blvd	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 4 1953 msb		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F Feutz	

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

(Licensed Embalmer's Statement on Reverse Side)

4 Central Claydon
Ca 3800
Times 2 to 4 P.M.

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 John A. Milner

Licensed Embalmer No. 4186

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 11340-53

State of Mo.
City of St. Louis. } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 16 day of MARCH, 1953, before me appears GEORGE W. TIBBLES, who, upon His oath, states that the original record of ^{birth} death for WALTER FRED BUSENHART died MARCH 2, 1953, in the State of Missouri, and which was filed at St. Louis, Mo. on MAR. 4, 1953, should be corrected as follows:

Item No. 1-D should read MISSOURI BAPTIST HOSPITAL
Instead of ST. JOHNS HOSPITAL.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant George W. Tibbles Relationship.

4828 Natural Bridge Blvd.
Present Address.

Subscribed and sworn to before me this 16 day of March, 1953

My Commission Expires March 30, 1956

Erna Feutz Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637
U.S.A.