

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13259

Registrar's No. 3278

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| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 3278 | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois | | | | b. COUNTY Clinton | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo. | | c. LENGTH OF STAY (in this place) 5 days | | c. CITY OR TOWN Trenton | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens | | | | e. STREET ADDRESS (If rural, give location) 812 ⁰ g | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Robert | | | b. (Middle) Herman | | c. (Last) Busaker | | 4. DATE OF DEATH (Month) (Day) (Year) 4-11-54 | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | | 8. DATE OF BIRTH 8-12-50 | | 9. AGE (In years last birthday) 3 yrs | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Breeze, Ill | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Herman B. Busaker | | | 13b. MOTHER'S MAIDEN NAME Catherine Ripperda | | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS J. Johnston 500 So Kingshighway | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fibrocystic Disease of Pancreas | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | 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 | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input checked="" 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) 587.2 | | | | | |
| 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? | | | | | |
| 22. I hereby certify that I attended the deceased from 4-6-1954, to 4-11-1954, that I last saw the deceased alive on 4-11-54, 1954, and that death occurred at 2:55 pm., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) J. J. Wohltmann M.D. | | | | 23b. ADDRESS 500 South Kingshighway | | | 23c. DATE SIGNED 4-11-54 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 4-12-54 | | 24c. NAME OF CEMETERY OR CREMATORY Local | | 24d. LOCATION (City, town, or county) (State) Trenton Ill. | | | |
| DATE REC'D BY LOCAL REG. APR 12 1954 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Albert H. Hoppe, 4700 Washington Blvd. | | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *Paul A. Wachter*

Licensed Embalmer No. *478*

P. O. Address..... *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.