

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20279

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4141**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b>		b. COUNTY <b>222</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS, MISSOURI</b>		c. LENGTH OF STAY (in this place) <b>7 mo.</b>		c. CITY OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
e. STREET ADDRESS <b>222</b>		f. (If rural, give location) <b>2627a Caroline</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALFRED</b>		b. (Middle) <b>F.</b>		c. (Last) <b>BUSSO</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 6, 1954</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug. 28, 1889</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>64</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>Shoe Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brauer Bros. Shoe</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John F. Busso</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Weiss</b>			
14. NAME OF HUSBAND OR WIFE <b>Maude I. Busso</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>George Busso</b>		ADDRESS <b>4427 Bridgedale Dr.</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary artery arteriosclerosis</b> DUE TO (c) <b>Aortic aneurysm</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>022x</b>			
22. I hereby certify that I attended the deceased from <b>12-15-53</b> 19___, to <b>5-6-54</b> , 19___, that I last saw the deceased alive on <b>5-6-54</b> , 19___, and that death occurred at <b>8:25P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Le. E. Taylor</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>			
23c. DATE SIGNED <b>5-7-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-10-54</b>			
24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State). <b>St. Louis, County, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>MAY 8 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mo. Hacker - Helder</b>			
		ADDRESS <b>3634 Gravois Ave.</b>					

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.....  
Signature of Student Embalmer

Signed *Robert Wheeler*.....

Licensed Embalmer No. *212*.....

P. O. Address *Ham*.....

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.