

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 530 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY St. Louis		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) OR TOWN Florissant		c. LENGTH OF STAY (in this place) 4 WRS	c. CITY OR TOWN Florissant 405/10
d. FULL NAME OF HOSPITAL OR INSTITUTION Parker Rd.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Rural Box 84			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Anna	c. (Last) Busken	4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1955
-------------------------------------	-----------------	------------------	------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 10, 1886	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	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 Home	11. BIRTHPLACE (City and State or Foreign Country) Germany 4	12. CITIZEN OF WHAT COUNTRY? U. S.
---	--	--	------------------------------------

13a. FATHER'S NAME Herman Platte	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Bernard Busken
----------------------------------	-----------------------------------	--

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 Henry Busken, Florissant, Mo.
--	------------------------------	---

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 W
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
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 4201	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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Aug, 1952, to Sept, 1954, that I last saw the deceased alive on Sept, 1954, and that death occurred at 7:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marion D Bishop MD	23b. ADDRESS 5151 St Francis St Florissant Mo	23c. DATE SIGNED Jan 5
---	---	------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/5/55	24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	24d. LOCATION (City, town, or county) (State) Florissant, Mo.
--	------------------	--	---

DATE REC'D BY LOCAL REG. 1/4/55	REGISTRAR'S SIGNATURE Herbert B. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Chapel, Ferguson, Mo.
---------------------------------	--------------------------------------	--

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 *Elena Rovince*.....

Licensed Embalmer No. *340*

P. O. Address *Jennings*.....

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.