

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9424

FILED APR 11 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2839**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	c. LENGTH OF STAY (In this place) D.O.A.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 5206 Nagel	

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3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) A c. (Last) Bussey	4. DATE OF DEATH (Month) (Day) (Year) Mar. 27, 1955					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED? WIDOWED	8. DATE OF BIRTH Dec 2, 1893	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & die maker	10b. KIND OF BUSINESS OR INDUSTRY Shoe Machinery	11. BIRTHPLACE (State or foreign country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Robert J Bussey	13b. MOTHER'S MAIDEN NAME Loretta Haessel	14. NAME OF HUSBAND OR WIFE Emily (deceased)
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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. 489-10-9517	17. INFORMANT'S SIGNATURE OR NAME Marie L Schlutow	ADDRESS 5307 Alfred
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) angina pectoris		immediate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) Hypertensive cardiovascular disease		years
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443x

22. I hereby certify that I attended the deceased from **10/8 1946**, to **7/14 1955**, that I last saw the deceased alive on **1/14 1955**, and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Max J. Franklin M.D.	23b. ADDRESS 634 N. Grand Ave.	23c. DATE SIGNED 3/25/55
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3/30/55	24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery	24d. LOCATION (City, town, or county) (State) St Louis County Mo.
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DATE REC'D BY LOCAL REG. MAR 29 1955	REGISTRAR'S SIGNATURE J. Carl Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons	ADDRESS 7027 Gravois
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(Licensed Embalmer's Statement on Reverse Side)

STATE OF MISSOURI - 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

C. P. Kidwell

Signed.....
Student Embalmer

Licensed Embalmer No. 3877

P. O. Address 7027 Grandis

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.