

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42310

State File No. ....

FILED JAN 6 1956

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 11082

|   |  |   |  |  |  |   |  |  |  |
|---|--|---|--|--|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 318  |  | PRIMARY REG. DIST. NO. 1003  |  | Registrar's No. 11082   |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY _____  |  |   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis  |  | c. LENGTH OF STAY (in this place) _____   |  | c. CITY OR TOWN St. Louis  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 3429a Market St.   |  |   |  | e. STREET ADDRESS (If rural, give location) 18 3429a Market St. 2189   |  |   |  |  |  |
| 3. NAME OF DECEASED (Type or Print) Emilie  |  | a. (First)  |  | b. (Middle) Lansing  |  | c. (Last)   |  |  |  |
| 4. DATE OF DEATH (Month) (Day) (Year) 12/17/55  |  | 5. SEX Female   |  | 6. COLOR OR RACE White   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed  |  |  |  |
| 8. DATE OF BIRTH Aug. 16, 1889  |  | 9. AGE (In years last birthday) 66  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home   |  | 10b. KIND OF BUSINESS OR INDUSTRY -----   |  |  |  |
| 11. BIRTHPLACE (City and State or Foreign Country) Baltimore, Ohio  |  | 12. CITIZEN OF WHAT COUNTRY? USA  |  | 13a. FATHER'S NAME Herman Busekrus   |  | 13b. MOTHER'S MAIDEN NAME Dorothea Lang   |  |  |  |
| 14. NAME OF HUSBAND OR WIFE Archie  |  | 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. 486-38-8659  |  | 17. INFORMANT'S SIGNATURE OR NAME Arch Lansing--3429 Market St.   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Atherosclerosis<br>DUE TO (c) Diabetes Mellitus<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>Pt had a stroke about 1 year before the final stroke. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>Sudden |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 331X  |  |  |  |
| 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?   |  |   |  |  |  |
| 22. I hereby certify that I attended the deceased from Jan 1947, to Dec 1955, that I last saw the deceased alive on Dec 19 55, and that death occurred at 10:00 AM, from the causes and on the date stated above.               |  |   |  |  |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title) Arnold G. ...  |  |   |  | 23b. ADDRESS 2632 W. Kingsborough  |  | 23c. DATE SIGNED 12-19-55   |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal   |  | 24b. DATE 12/20/55  |  | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.  |  | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri   |  |  |  |
| DATE REC'D BY LOCAL REG. DEC 19 1955  |  | REGISTRAR'S SIGNATURE J. Carl Smith, M.D.   |  | 25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Welderle   |  | ADDRESS 3634 Gravois  |  |  |  |

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.....

Licensed Embalmer No. 26

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.