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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24214

State File No.

FILED JUL 24 1956

BIRTH NO.		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>5591</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsboro</u>		c. LENGTH OF STAY (in this place) <u>1yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		2239 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Castle Acres</u>				d. STREET ADDRESS (If rural, give location) <u>1805 California Av</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Simon</u> b. (Middle) <u>Sam</u> c. (Last) <u>Buzic</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 8 1889 / 1886</u>	
9. AGE <u>67</u> last birthday		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gardener</u>		9. AGE <u>67</u> last birthday 11. BIRTHPLACE (City and State or Foreign Country) <u>Austria</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Austria</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>					
13a. FATHER'S NAME <u>Frank Buzic</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph J. Daus</u> ADDRESS <u>2129 S 12th Street</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> 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. <u>Diabetes mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>7-16</u> , 19 <u>56</u> , to <u>7-16</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-16</u> , 19 <u>56</u> , and that death occurred at <u>9:50 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas C Falut</u>				23b. ADDRESS <u>209 1/2 1st St</u>		23c. DATE SIGNED <u>7-17-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/19/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-18-56</u>		REGISTRAR'S SIGNATURE <u>Carl S. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Moydell Funeral Home</u> ADDRESS <u>1926 Allen Av</u>			

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 20 1956

AUG 9

1956

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 _____
Student Embalmer

Signed Reinholt K. Schumann

Licensed Embalmer No. 3395

P. O. Address St Louis 4 Mo

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