FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39988

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2372

1. PLACE OF DEATH a. COUNTY ST. LOUIS	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN ST. LOUIS 2049 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. LOUIS COUNTY HOSPITAL — Length of stay in D.O.A. [redacted] 4	d. STREET ADDRESS (If outside, give location) 2210 RICHERT AVE. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: ANNA	Middle: C.	Last: DEUPER	4. DATE OF DEATH Month Day Year: OCT. 8, 1956
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒ 3	8. DATE OF BIRTH: Jan. 14, 1885	9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY: At home	11. BIRTHPLACE (City and state or country): NEW MINDEN, ILLINOIS.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: LOUIS BUSEKRUS		14. MOTHER'S MAIDEN NAME: UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: UNKNOWN	17. INFORMANT Address: Mrs. John Mueller, 2210 Richert Ave.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Unknown natural causes — INTERVAL BETWEEN ONSET AND DEATH: unk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____

DUE TO (c) ____ 7954

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____

Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Herbert R. Domke, M.D., Local Registrar	22b. ADDRESS: 651 S. Brentwood Blvd.	22c. DATE SIGNED: 10/15/56

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 10/11/56	23c. NAME OF CEMETERY OR CREMATORY: VALHALLA CEMETERY	23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MO.
24. FUNERAL DIRECTOR ADDRESS: CALVIN F. FEUTZ FUNERAL HOME, INC. 4828 Natural Bridge Blvd., St. Louis, Mo.	25. DATE RECD. BY LOCAL REG.: 10-9-56	26. REGISTRAR'S SIGNATURE: Herbert R Domke M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 42

P. O. Address ...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.