XC # 485 46 60
SL # 11690 FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 42795

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11062

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADM. HOSP. — Length of stay in 1b 41 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST LOUIS
c. CITY OR TOWN WEBSTER GROVES 48817 — Inside Limits Yes X No
d. STREET ADDRESS 912 LIGGETT (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First DAVID Middle E Last BUSBY JR.
4. DATE OF DEATH Month 12 Day 2 Year 56
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH 1-22-12
9. AGE (In years last birthday) 44 — 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)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) DESOTO, MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME DAVID E. BUSBY
14. MOTHER'S MAIDEN NAME CARRIE McREE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 703-07-2319
17. INFORMANT VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI Address

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) SUBARACHNOID HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH 5 MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) RUPTURED BERRY ANEURYSM OF BASILAR ARTERY — UNKNOWN
DUE TO (c) 330X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
BILATERAL POLYCYSTIC KIDNEYS
19. WAS AUTOPSY PERFORMED? YES X 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. VA I attended the deceased from 10-22-56, to 12-2-56 and last saw him alive on 12-2-56
Death occurred at 8:23 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE S.W. CHIU (Degree or title) M.D.
22b. ADDRESS 915 N.Grand VAH, ST. LOUIS, MISSOURI
22c. DATE SIGNED 12-2-56

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 12/4/56
23c. NAME OF CEMETERY OR CREMATORY Waynesboro, Miss.
23d. LOCATION (City, town, or county) Waynesboro, Miss. (State)
24. FUNERAL DIRECTOR Edward Fendler ADDRESS Mortuary 5611 S Grand
25. DATE RECD. BY LOCAL REG. DEC 3 1956
26. REGISTRAR'S SIGNATURE Karl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be visited on 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 er

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 76

P. O. Address 5611 S. H

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.