

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2714**  
Registrar's No. **1311**

FILED FEB 14 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  c. LENGTH OF STAY (In this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Little Sisters of the Poor</b> <b>2610</b> e. STREET ADDRESS (If rural, give location) <b>3617 N. Broadway</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  d. STREET ADDRESS (If rural, give location) _____	
<b>3. NAME OF DECEASED</b> a. (First) <b>Fred</b> b. (Middle) <b>Buesing</b> c. (Last) _____		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>February 2, 1958</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Oct. 21, 1876</b>
<b>9. AGE</b> (In years last birthday) <b>81</b> IF UNDER 1 YEAR: Months <b>3</b> IF UNDER 24 HRS: Days <b>11</b>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Factory Worker</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Louis, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>
<b>13a. FATHER'S NAME</b> <b>Fred Buesing</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Regina</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>?</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>489-22-3854</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Sister Marie Jean Supr. Little Sisters</b>	
<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Myocardial infarction</b> <b>arteriosclerotic heart disease</b> ANTECEDENT CAUSES <b>arteriosclerotic heart dis</b> DUE TO (b) _____ DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>420.0</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>several hours</b>  <b>yes</b>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>St. Louis, Mo</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <b>2/14/58</b> , 19____, to <b>2/2/58</b> , 19____, that I last saw the deceased alive on <b>2/2/58</b> , 19____, and that death occurred at <b>5A.</b> m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <b>Raymond Mezera</b> (Degree or title) <b>md.</b>		<b>23b. ADDRESS</b> <b>8059a Watson</b>	<b>23c. DATE SIGNED</b> <b>2/3/58</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>2-6-58</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>New Picker Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>FEB 4 '58</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Paul Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Gebken Mortuary</b> <b>2630 Gravois Ave.</b>	

**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 Robert T. Ebbert.....

Licensed Embalmer No. 4144.....

P. O. Address 2630 Sherman.....

**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.