RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 5 1961

-60-048321

STATE FILE NUMBER

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Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3669

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bellefontaine Neighbors — Length of stay in 1b: 5½ years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 10049 Ashbrook Dr — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Bellefontaine Neighbors — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 10049 Ashbrook Dr. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ALMA Middle: Last: BUJEWSKI

4. DATE OF DEATH: Month: December Day: 20 Year: 1960

5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/9/1894
9. AGE (last birthday): 66 years — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: August Adams
13b. MOTHER'S MAIDEN NAME: Katherine Spoeneman
14. NAME OF HUSBAND OR WIFE: Michael Bujewski
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.: None
17. INFORMANT: Michael Bujewski — Address: 10049 Ashbrook Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary insufficiency	6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Bronchial asthma	20 yrs.
DUE TO (c)	Pulmonary emphysema	4 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 Dec. 1, 1947, to Dec. 20, 1960 and last saw her alive on Dec. 20, 1960
Death occurred at 2:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Norton John Eversoll (Degree or title) M.D.
22b. ADDRESS: 6356 Clayton Rd. St. Louis 17, Mo
22c. DATE SIGNED: Dec 28, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: Dec 22, 1960
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Missouri

24. FUNERAL DIRECTOR: BUCHHOLZ MORTUARY — ADDRESS: 5967 W. Florissant Ave
25. DATE RECD. BY LOCAL REG.: 12-20-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Gustav W. Suterle

Signature of Student Embalmer

Licensed Embalmer No. 432

P. O. Address St Louis

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