MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 13 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2003 STATE FILE NUMBER 61-010546

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 4

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hosp.
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St.Louis
c. CITY OR TOWN: Affton
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 9425 Pardee Rd.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Louretta Middle: Last: Busse.

4. DATE OF DEATH Month: Feb. Day: 25 Year: 1961

5. SEX: female.

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-15-1906

9. AGE (last birthday): 54

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)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: Henry Heidemann.

13b. MOTHER'S MAIDEN NAME: Ann Schnaus.

14. NAME OF HUSBAND OR WIFE: Arthur J. Busse.

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 Address: Arthur J. Busse 9425 Pardee Rd.

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): PNEUMONIA, PNEUMOCOCCAL, LEFT
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): LOWER & L. UPPER LOBE, C PNEUMOCOCC.
DUE TO (c): AL SEPTICEMIA.
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 493X

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 2/21/61, to 2/25/61 and last saw her alive on 2/25/61
Death occurred at 8:30 p.m., 2/25/61 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul M. Larson, M.D.

22b. ADDRESS: 5417 So. GRAND

22c. DATE SIGNED: 2/27/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3-1-1961

23c. NAME OF CEMETERY OR CREMATORY: Resurrection.

23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: Southern Funeral Home. 6322 S. Grand Blvd.

25. DATE RECD. BY LOCAL REG.: FEB 28 1961

26. REGISTRAR'S SIGNATURE: Earl Smith. M.D.

Dr. Larson:
5417 S. Grand.
10.30 A.M.

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_____
Signature of Student Embalmer

Signed David Van Fossan.

Licensed Embalmer No. 4542

P. O. Address St Louis Mo.

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