

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046146

FILED JAN 5 1962

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11961**

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

Cause undetermined
 primary site of
 removal - primary site of

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in lb 6 days		c. CITY OR TOWN Lemay		- Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Brothers Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4201 Ringer Road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Walter Middle J. Last Busiek						4. DATE OF DEATH Month December Day 21 Year 1961							
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-12-1911		9. AGE (last birthday) 50		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor				10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (City and state or country) St. Louis Co. Mo.		12. CITIZEN OF WHAT COUNTRY U S A					
13a. FATHER'S NAME Rudolph Busiek				13b. MOTHER'S MAIDEN NAME Mamie Heimos				14. NAME OF HUSBAND OR WIFE Gladys					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				17. INFORMANT Mrs. Gladys Busiek 4201 Ringer Road Lemay,				Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism										INTERVAL BETWEEN ONSET AND DEATH immediate			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										465x			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerotic heart disease, diabetes mellitus								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 15, 1961 to Dec 21, 1961 and last saw her him alive on Dec 20, 1961 Death occurred at 8:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Lemay F. Ornteyer MD						22b. ADDRESS 2623 Telegraph Rd.			22c. DATE SIGNED Dec 21, 1961				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-26-1961		23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery			23d. LOCATION (City, town, or county) (State) 1600 Lemay Ferry Rd, Lemay, Mo.						
24. FUNERAL DIRECTOR ADDRESS C. Hoffmeister Mortuaries 721 1/2 S. Broadway						25. DATE RECD. BY LOCAL REG. DEC 21 1961		26. REGISTRAR'S SIGNATURE Loal Smith. M.D.					

MEDICAL CERTIFICATION

ADDRESS

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 James C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broad

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.