

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

18571

797

**1. PLACE OF DEATH**

County St. Louis Registration District No.                       
Township                      Primary Registration District No.                       
City St. Louis (No.                     ) St.                      Ward                     

File No.                       
Registered No. 5417

**2. FULL NAME**

Melvin Bush, City Hospital #2  
(a) Residence, No. 2603 Gene St. W. Ward.                      (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos.                      How long in U. S., if of foreign birth? yrs. mos. ds.                     

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Cal. 5. SINGLE/MARRIED, WIDOWED, OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                     

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>abt 39</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.                       
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labourer  
10. Date deceased last worked at this occupation (month and year)                      11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Dr. J. E. Conroy, Coroner

18. BURIAL, CREMATION, OR REMOVAL PLACE Posters Field DATE 8/22 1937

19. UNDERTAKER (ADDRESS) Wm C. McLowell, 3541 Franklin Ave

20. FILED 8/22 1937 J. J. Burdick Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1937

22. I HEREBY CERTIFY, That                      attended deceased from                     , 19                    , to                     , 19                    .

I last saw                      alive on                     , 19                    . Death is said to have occurred on the date stated above at                      m.

The principal cause of death and related causes of importance were as follows: Cerebral Haemorrhage Date of onset                     

Chronic Myocarditis

Other contributory causes of importance:                     

Name of operation                      Date of                     

What test confirmed diagnosis?                      Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?                      Date of injury                     , 19                    

Where did injury occur?                      (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.                     

Manner of injury                      Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased?                      If so, specify                     

(Signed) J. E. Conroy (Address)                      Deputy Coroner

6/20/37

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

