

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City, St. Louis (No. 1534)

Registration District No. 791
1003
Primary Registration District No. Lutheran Hosp

File No. 3339
Registered No. 1024
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. RR 10 Box 944 Ferguson Mo (Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
34 6 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Curlee Clothing Co
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) Ills

MOTHER 13. NAME Mose Bushor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Mary Durbin

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Mary Bushor RR 10 Box 944 Ferguson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PK DATE JAN 29 1934

19. UNDERTAKER (ADDRESS) Callahan & Kelly 1416 N Taylor Ave

20. FILED 1934 J. Brudeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1934

22. I HEREBY CERTIFY That I attended deceased from January 17 1934 to January 25 1934. I last saw her alive on January 25 1934. Death is said to have occurred on the date stated above, at 1045 p.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 1-17-34

Other contributory causes of importance:
Malignant Hypertension
Arteriosclerosis
Chronic Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? Linda Pueler 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? No
If so, specify _____ (Signed) Arnold E. Stein M. D.
(Address) 4555 Grayson Ave

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

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