DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41865

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 10988

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.

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 wks. (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St. Louis~~

(c) City or town ~~Maplewood~~ St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 7136 Lanham
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Ethel Bush 20 0

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emil Bush 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Jan. 14, 1897 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	11	8	_____ hr. _____ min.

9. Birthplace Kirkwood, Mo. (City, town, or county) _____ (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER 12. Name John Wilson

13. Birthplace Bangor, Maine (City, town, or county) _____ (State or foreign country)

MOTHER 14. Maiden name Mary Longworth

15. Birthplace St. Louis Co., Missouri (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature Emil Bush

(b) Address 7136 Lanham

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-1939 (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) DEC 26 1939 (Date received local registrar) (b) J. B. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22 year 1939 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from Nov. 12th, 1939, to 12-11-, 1939, that I last saw he alive on 12-22-, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia unspecified	12 hrs.
non puerperal	
Due to Mid brain embolus	
Due to undetermined septicaemia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature G. J. Fuchs (M. D. or other)

Address 6655 Enright Date signed 12-25-39

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4029

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.