

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 530 No. Union Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ernest F. Bush

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Virginia L. Bush 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June 28, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 19 If less than one day hr. min.

9. Birthplace: Julton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Supt

11. Industry or business Hellston Mo School

12. Name John Jandy Bush

13. Birthplace Bloomfield Mo
(City, town, or county) (State or foreign country)

14. Maiden name Madeline Jandy

15. Birthplace Marthasville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E F Bush

(b) Address 530 No. Union

17. (a) Removal (b) Date thereof 7-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Julton Mo

18. (a) Signature of funeral director C. P. Kupton
(b) Address # 7239 Delmar Blvd

19. (a) JUL 18 1940 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County St. Louis
(b) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(c) Street No. 0 #530 No. Union Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 17th
year 1940 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from 6-25 1940 to July 17 1940
that I last saw him alive on 7-16-40 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration ?

Due to Coronary Sclerosis ?

Due to PH

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy no 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. Lee Shrader (M. D. or other) _____
Address 3720 Washington Blvd Date signed 7-18-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

3720 Franklyn Ave
St. L - 5100
1-3 P.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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Bradford A. Miles
Licensed Embalmer No. 2901
P. O. Address St. Louis Mo

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