S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35240

Registrar's No. 9315

**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: Mo. BAPTIST HOSP (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution HOSP. 4 DAYS (Specify whether years, months or days)

In this community 40 YEARS

**2. USUAL RESIDENCE OF DECEASED:** 000 12 6 9

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 4901 EASTON AVE (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JOHN BUSHEN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife MAY EASTON

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased MAY (Month) 6 (Day) 1867 (Year)

8. AGE: Years 75 Months 6 Days 1 If less than one day hr. min.

9. Birthplace CALHOUN CO (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation CLERK

11. Industry or business DRUG STORE

FATHER

12. Name JOHN BUSHEN

13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

MOTHER

14. Maiden name UNKNOWN

15. Birthplace ALSACE LORAINE (City, town, or county) FRANCE (State or foreign country)

16. (a) Informant MRS. EDNA BARNER

(b) Address 4901 EASTON AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/9/42 (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEM.

18. (a) Signature of funeral director Lindmeyer & Son

(b) Address 3934 N. 20 ST.

19. (a) NOV 16 1942 (Date received by local registrar) (b) J. F. Bulick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month NOV day 7 year 1942 hour minute P. M.

21. I hereby certify that I attended the deceased from Oct 15 1942, to Nov. 7 1942, that I last saw him alive on Nov. 7 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Arterio-Sclerosis — Duration 1 yr

Due to Hypertension — Duration 1 yr

Due to — Duration

Other conditions (Include pregnancy within 3 months of death) Acute Pneumonia — Duration 1 wk; Bronchial type — Duration 1

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) NO

(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 A. B. Cooke (M. D. or other) 11/16/42

Address 4901 Easton Ave Date signed 11/16/42

(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 Alfred J. Bredeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

**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, fact should be so stated above.**