

FILED JAN - 31 1948

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. #1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Lura Frances Bushnell

20. DATE OF DEATH: Month Dec day 26
year 1942 hour 6 minute 45 A.M.

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

21. I hereby certify that I attended the deceased from Dec 7
20, 1942, to Dec 26, 1942
that I last saw her alive on Dec 25, 1942
and that death occurred on the date and hour stated above.

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

Immediate cause of death: Cerebral Hemorrhage Duration 6 days

6. (b) Name of husband or wife William Bushnell 6. (c) Age of husband or wife if alive _____ years

Due to Hypertensive arteriosclerosis, cardiac vascular disease

7. Birth date of deceased March 9, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 17 _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Peoria Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name Sam Shaw Smith

13. Birthplace Columbis, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Sam Bushnell

(b) Address St. Charles, Mo.

17. (a) Removal (b) Date thereof 12/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)
Peoria, Ill.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) DEC 27 1942 (b) J. J. Bushnell
(Date received local registrar) (Registrar's signature)

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 Sister Julia Taylor (M.D. or other) _____
Address 452 N. Taylor Date signed _____

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

MOTHER FATHER

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..... *Henry Eynck*

Licensed Embalmer No..... *1284*

P. O. Address..... *So. Linn 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, fact should be so stated above.