

FILED JUN 14 1943 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

5265

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:
ST. ANTHONYS
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 11 WRS
years, months or days)

3. (a) PRINT FULL NAME HARRY C BUSH3. (b) If veteran, name war NO 3. (c) Social Security No. _____

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married
 divorced _____
 6. (b) Name of husband or wife MARY 6. (c) Age of husband or wife if
 alive 66 years
 7. Birth date of deceased APRIL 3 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 2 1 hr. _____ min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)10. Usual occupation CARPENTER11. Industry or business SELF

MOTHER FATHER
 12. Name HENRY BUSH 4
 13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN 4
 15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Albert W. Bush(b) Address Eureka Mo17. (a) Burial (b) Date thereof June 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New SS Peter & Paul18. (a) Signature of funeral director Schaden Funeral Home(b) Address Ballerwin Mo19. (a) JUN 8 1943 J. F. Prudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS
 (c) City or town FARBY
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 4th
 year 1943 hour 6:30 minute A M.21. I hereby certify that I attended the deceased from Feb 2
 1942 to June 4 1943that I last saw him alive on June 3 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina
Pectoris 2 yrs
 Due to Mid coronary occlusion 3 yrs
Arteriosclerosis Heart
muscle

Other conditions Heart attack
(Include pregnancy within 3 months of death)

Major findings: None
 Of operations: None
 Of autopsy: None

Duration

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)

23. Signature Walter L Skellie (M. D. or other) MDAddress 9915 Grandis Date signed 6/5/43

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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 Theo Schrader

Licensed Embalmer No. 3066

P. O. Address Dalwin 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.