

FILED JUN 9 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2126 Gratiot
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Scott Rush

3. (b) If veteran, name war No
3. (c) Social Security No. 499-01-9330

4. Sex Male 5. Color or Race Caucasian
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katie Rush
6. (c) Age of husband or wife if alive Unknown
7. Birth date of deceased Dec 15 1893
(Month) (Day) (Year)

8. AGE: 50 Years 5 Months 24 Day
~~51~~ ~~1893~~ ~~6~~
If less than one day hr. _____ min.

9. Birthplace West Hellner Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER {
12. Name Will Rush
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Fannal Ward
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Henry

(b) Address 1606 Glasgow

17. (a) Burial Date thereof June 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Max Vasser & Thomas

(b) Address 2212 Can
19. (a) JUN 2 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29,
year 1944 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from May
18, 19 44 to May 29, 19 44;
that I last saw him alive on May 29, 19 44;
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease Duration Unk.

Due to _____

Due to _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature Alva ... (M. D. or other)

Address 2606 ... Date signed 5/31/44

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

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

Amelia Chuska
Licensed Embalmer No. *3512*
P. O. Address *3506 Grand*

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.