

No. 2  
1-5-43  
5-17-39  
X36671

State File No. ....

Registrar's No. **780**

**FILED FEB 3 1947**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **ST. LOUIS MISSOURI**  
(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:  
**1422 SOUTH BROADWAY**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **5 MONTHS**  
years, months or days) (Specify whether)

3. (a) PRINT FULL NAMES **JOHN MARION USHER**  
3. (b) If veteran. **---** name war.....  
3. (c) Social Security No. ....

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **SINGLE**  
6. (b) Name of husband or wife **MERTHE USHER**  
6. (c) Age of husband or wife if alive **---** years  
7. Birth date of deceased **JUNE 20 1888**  
(Month) (Day) (Year)

8. AGE: Years **56** Months **7** Days **0**  
If less than one day hr. min.

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

10. Usual occupation **PUBLIC WORK**

11. Industry or business **---**

MOTHER FATHER  
12. Name **GEORGE USHER**  
13. Birthplace **IRON COUNTY MISSOURI**  
(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 **MR. MARY USHER**  
(b) Address **1422 SOUTH BROADWAY ST. LOUIS**

17. (a) **BURIAL** (b) Date thereof **1-22-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PILOT KNES CEMETERY**

18. (a) Signature of funeral director **J. F. Bruleck**  
(b) Address **Ironton Mo.**

19. (a) **JAN 22 1947** (b) **J. F. Bruleck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **IRON** **47**  
(c) City or town **IRONTON**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **N.R. 0**  
(If rural, give location)  
(e) Citizen of foreign country? **---** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **20**  
year **1947** hour **12:00** minute **P** M.  
21. I hereby certify that I attended the deceased from **January 15** 19**47** to **January 25** 19**47**  
that I last saw him alive on **January 24** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** **8 days**  
Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death) **108**

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
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?

(Specify type of place)  
While at work?..... (e) Means of injury **C**  
23. Signature **H. V. Moore** (M. D. or other)  
Address **917-5018** Date signed **1-20-47**

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

082

STATEMENT BY LICENSED EMBALMER

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

*Lee P. Lumb*

Licensed Embalmer No.

3475

P. O. Address

*Quinton 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.

Registration District No. 318

Primary Registration District No. 1003

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:  
(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)

3. (a) PRINT FULL NAME

John M. Usher

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased June 20 (Month) (Day) (Year)

8. AGE: Years 56 Months \_\_\_\_\_ Day \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) J. F. Bradeck (Registrar's signature)  
(Date received local registrar) FEB 1

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_  
Year 1947 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
And that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

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?  
\_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature \_\_\_\_\_ (M. D. or other)  
Date signed \_\_\_\_\_

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

**SUPPLEMENTARY**

S-3225

10 1911  
No. 2500