No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25371

FILED AUG 4 1947

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6952

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5½ months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis, 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6807 Waterman Blvd., 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Ruby Bush
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John A. Bush.
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased November 30th 1886. (Month) (Day) (Year)
8. AGE: Years 60 Months 7 Days 25 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Frederick G. Udell
13. Birthplace Jeffers on (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Esther Hutchinson
15. Birthplace Erie (City, town, or county) Pa. (State or foreign country)
16. (a) Informant John A. Bush.
(b) Address 6807 Waterman Blvd.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine cemetery
18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.,
19. (a) JUL 26 1947 (Date received local registrar) (b) J. F. Brehcek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1947 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 10, 1947, to July 25, 1947
that I last saw her alive on July 25, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death respiratory failure
Due to Cerebral hemorrhage
Due to Arterio sclerosis Hypertension
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 0
23. Signature J W Owen (M. D. ~~or other~~)
Address Barnes Hospital Date signed 7-25

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

6952

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis M

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.