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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18260**
Registrar's No. **1310**

FILED JUN 15 1948
Registration District No. **267**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Carsonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Penn Nursing Home 4
(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 Abraham Bush

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Mary F.

6. (c) Age of husband or wife if alive Decd. years

7. Birth date of deceased Oct 25 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 6 28 hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Conrad Bush

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

14. Maiden name Nancy Cobb

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

16. (a) Informant Mamie C. Talbert

(b) Address 10530 Thorpe Ave-Overland-14-Mo.

17. (a) Burial (b) Date thereof 5-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Baumgartner Bros Inc

(b) Address 2504-Woodson Rd-Overland-14-Mo.

19. (a) 5-24-48 (b) Gene A. Shaw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96

(c) City or town OVERLAND 13
(If outside city or town limits, write "RURAL")

(d) Street No. 10530 Thorpe Avenue 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1948 hour 5 minute 15 A M.

21. I hereby certify that I attended the deceased from About 1945
_____ 19____ to 4 May 1948
that I last saw him alive on 27 May 1948
and that death occurred on the date and hour stated above.

Immediate cause of death General debility

Due to Senescence

Due to 162

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

Major findings:
Of operations _____

Of autopsy _____

Duration 1 year

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)

Means of injury 0

23. Signature Paul H. Whitener M.D. or other M.A.

Address 24 May 1948 8923 Midland Date signed _____

Whitman
Wm 1248
1 to 3

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 Oscar F. Mueller
Licensed Embalmer No. 3039
P. O. Address Overtown 14 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.