

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31644  
8320  
Registrar's No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri.		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4961 Laclede Ave., /		d. STREET ADDRESS 12- 4961 Laclede Ave.,					
3. NAME OF DECEASED (Type or Print) a. (First) CHRISTIANA		b. (Middle)		c. (Last) Bush.			
4. DATE OF DEATH (Month) (Day) (Year) 9/27/49.		5. SEX Female.		6. COLOR OR RACE White.			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.		8. DATE OF BIRTH April 5, 1869		9. AGE (In years last birthday) 80.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lamasco, Kentucky.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Bush.		13b. MOTHER'S MAIDEN NAME Lucy Grasty.			
14. NAME OF HUSBAND OR WIFE Rueben Bush.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. None.			
17. INFORMANT'S SIGNATURE OR NAME Mary Bush		ADDRESS 4961 Laclede Ave.,					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 Days 8 years 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 102			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <del>Slip</del>			
22. I hereby certify that I attended the deceased from May 26, 1941, until Sept 27, 1949, that I last saw the deceased alive on Sept 27, 1949, and that death occurred at 4:05 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D. [Signature]		23b. ADDRESS 4500 Olive St. Miss 8 Mo.		23c. DATE SIGNED 9-27-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		24b. DATE 9/29/49.		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery.			
24d. LOCATION (City, town, or county) (State) 7600 St. Charles Road.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd;			
DATE REC'D BY LOCAL REG. SEP 27 1949		REGISTRAR'S SIGNATURE [Signature]					

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.