

FILED NOV 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40259

State File No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10476

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10476	
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		c. LENGTH OF STAY (In this place) 6 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hosp.				d. STREET ADDRESS (If rural, give location) 10 4114 Camelia Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) Bushman c. (Last)			4. DATE OF DEATH Nov. 3. 1953				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 20. 1884		9. AGE (In years last birthday) 69	10. MONTHS	11. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Zeuschel		13b. MOTHER'S MAIDEN NAME Carrie Greibel		14. NAME OF HUSBAND OR WIFE Chas H. Bushman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas H. Bushman 4114 Camelia			
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) Carcinoma lung, right ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 163X			
22. I hereby certify that I attended the deceased from 10/23, 1953, to 11/3, 1953, that I last saw the deceased alive on 11/2, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Robert Votashnick M.D.			23b. ADDRESS 508 N. Grand Ave.		23c. DATE SIGNED 11/3/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 6, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. NOV 4 1953		REGISTRAR'S SIGNATURE K. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. A. Stock 2117 E. Grand.			

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

Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. 8th

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.