

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41450**

FILED NOV 25 1953

BIRTH NO.		REG. DIST. NO. 717	PRIMARY REG. DIST. NO. 54L	Registrar's No. 2896
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Clayton		c. LENGTH OF STAY (In this place) 8 WKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 452
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If rural, give location) 7443 Cromwell Drive		
3. NAME OF DECEASED (Type or Print) a. (First) Adrian		b. (Middle) Louis		c. (Last) Bushman
4. DATE OF DEATH (Month) (Day) (Year) 11-8-53		5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 27, 1888
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY LAW		11. BIRTHPLACE (City and State or Foreign Country) / Griswold, Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Rev. Francis J. Bushman		
13b. MOTHER'S MAIDEN NAME Martha Kleemann		14. NAME OF HUSBAND OR WIFE Lois A. Bushman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lois A. Bushman, Clayton, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Arterial Hypertension				
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?
22. I hereby certify that I attended the deceased from 9-11 , 1953 , to 11-8 , 1953 , that I last saw the deceased alive on 11-8 , 1953 , and that death occurred at 11:10 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Wm. G. Danker M.D.		23b. ADDRESS 601 S. Brentwood		23c. DATE SIGNED 11-9-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/10/1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons ADDRESS 7233 Delmar Blvd		
DATE REC'D BY LOCAL REG. 11/9/53		REGISTRAR'S SIGNATURE Heckel & Son		

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

(Licensed Embalmer's Statement on Reverse Side)

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.