

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11669**

FILED MAR 26 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **531** Registrar's No. **643**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY OR TOWN University City.		c. CITY OR TOWN University City	
c. LENGTH OF STAY (in this place) 55-yrs.		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7307 Delmar Blvd.		e. STREET ADDRESS (If rural, give location) 7307 Delmar Blvd.	

3. NAME OF DECEASED (Type or Print) Henry A. Bushmeyer			4. DATE OF DEATH (Month) (Day) (Year) Mar. 6, 1956		
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	
8. DATE OF BIRTH June 20, 1893		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR: 8 Months 15 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice-Pres. Crunden-Martin Mfg. Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Joseph Frank Bushmeyer		13b. MOTHER'S MAIDEN NAME Sophia Peters		14. NAME OF HUSBAND OR WIFE Mrs. Florence M. Bushmeyer	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-07-2968		17. INFORMANT'S SIGNATURE OR NAME U.C. Mrs. Florence M. Bushmeyer, 7307 Delmar Blvd.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular thrombosis		DUE TO (b) Arteriosclerosis				minutes	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Colostomy following colostomy						8 yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X 334X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		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 Jan. 19, 1955, to 3-6, 1956, that I last saw the deceased alive on 10-10, 1955, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Earl Huggins, M.D.		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 3-6-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 9, 1956		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
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DATE REC'D BY LOCAL REG. 3-7-56		REGISTRAR'S SIGNATURE Heckard K. Romberg		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	
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(Licensed Embalmer's Placement on Reverse Side)

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. M. S. Saper.....

Licensed Embalmer No. 44

P. O. Address 3840 Lu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.