

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22527

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **1247** Euclid **207**) St. _____ Ward _____

File No. _____
 Registered No. **6735**

2. FULL NAME

Catherine (Cushing) Cushing
 (a) Residence. No. **4269 Kosciusko** St. **V110** Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF **Patrick Cushing**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 31-1864**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 **2** **26**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housewife**
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer **at home**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Baltimore Maryland**

10. NAME OF FATHER **Rudolph Linscum**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

14. INFORMANT (Address) **Pat Cushing 4269 Kosciusko St**

15. FILED **27 May 1928** **W. C. Standley** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 26 1928**

17. I HEREBY CERTIFY That I attended deceased from **May 20 1928** to **June 26 1928** that I last saw her alive on **June 26 1928** and that death occurred, on the date stated above, at **9 am**

17A THE CAUSE OF DEATH* WAS AS FOLLOWS:

120 acute Parenchymatous nephritis
109 B2 (duration) yrs. **1** mos. **14** ds.
 CONTRIBUTORY (SECONDARY) **hypertension**
non Diphtheritic (duration) yrs. _____ mos. **5** ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
3 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) **D. A. Thomas** M. D.
July 27 1928 (Address) **3121 W. Grand**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cem** **DATE OF BURIAL** **June 29 1928**

20. UNDERTAKER **Thos J. Finnan** **ADDRESS** **14th St**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

