

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

Do not use this space.

34188

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis, (No. Home for the Aged.) St. 16 Ward

File No.....  
Registered No. 9545  
St. .... Ward)

**2. FULL NAME**

Charles Bushman  
(a) Residence, No. 3400 So. Grand Blvd. St. 16 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dont Know. 1853.</u>		
7. AGE YEARS <u>About 79.</u>	MONTHS	DAYS
If LESS than 1 day, .....hrs. or .....min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer.</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Odd jobs.</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

FATHER 13. NAME William Bushman.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER 15. MAIDEN NAME Dont Know.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know. 31

17. INFORMANT (ADDRESS) Sister Brinker 3400 So. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE SS. Peter & Paul Cem. Oct. 28, 1938

19. UNDERTAKER (ADDRESS) J. N. Keelken P & Co. 2842 Meramec St.

20. FILED 27 Max C. Farley Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1938 to Oct 26 1938  
I last saw him alive on Oct 26 1938 Death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset 8/1/38  
131  
77/31  
Arteriosclerosis off/38

Other contributory causes of importance:  
Arteriosclerosis off/38

23. Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) W. H. Brinker, M. D.  
(Address) 3400 So. Grand

N. 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.

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

