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

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.

100M-11-24-33

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 7006

Township ..... Primary Registration District No. 1003 Registered No. 1885

City St Louis Missouri (No. Luthern Hosp St. ..... Ward)

2. FULL NAME John Franklin Bush

(a) Residence, No. 6027 O Dell St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male ~~white~~

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~~ Anna Bush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25-1865

7. AGE YEARS 68 MONTHS 7 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Express

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Messenger

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER

13. NAME Wm Bush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Lydia Beasley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Fern Kunkel (ADDRESS) 6027 O Dell

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherryvale Kan. DATE Feb 25 1934

19. UNDERTAKER A. W. McLaughlin (ADDRESS) 2301 Lafayette

20. FILED FEB 22 1934 J. S. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-11 — 1933, to Feb-22 — 1934

I last saw him alive on Feb-21 1934. Death is said to have occurred on the date stated above, at 1:00 A.m.

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

Cancer of Prostate

Date of onset

51

Other contributory causes of importance:

Name of operation Cystotomy + Resection of Bladder Neck Date of 9/30/34

What test confirmed diagnosis? Tissue Section Was there an autopsy? No

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? No

If so, specify

(Signed) Herbert G. Lund, M. D.

(Address) 600 Carleton Bldg St Louis, Mo.