

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

30666
 Do not use this space.

REC'D OCT 12 1938

991
 1008

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **8103**
 (c) City **St. Louis** (d) Street No. **Homer Phillips Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **48** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Robert Bush
 (a) Residence, No. **4234 W Cote Brillante** St. **11**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 10**, 19**38**

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

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 3**, 19**38** to **Sept. 10**, 19**38**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 7, 1869**

I last saw him alive on **Sept. 10**, 19**38**. Death is said to have occurred on the date stated above, at **1:25a** m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 **5** **3**

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. **Hauling**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Bronchopneumonia

Date of onset **9/3/38**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alabama**

Other contributory causes of importance:

FATHER 13. NAME **Clark Bush**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Georgia**

MOTHER 15. MAIDEN NAME **Helen ?**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

17. INFORMANT (ADDRESS) **Evelyn Hilliard, 2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **Sept. 13, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **W. C. Gordon, 2649 Delmar Blvd.**

20. FILED **SEP 13 1938** **J. P. Bredich, Local Registrar**

Name of operation Date of
 What test confirmed diagnosis? **clinical** Was there an autopsy? **YES**

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 **H. J. Symon**, M. D.
 (Signed) **H. J. Symon**
 (Address) **2601 N Whittier**

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death to be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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,

W. C. Gordon

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

W. C. Gordon

Licensed Embalmer No. *3489*

P. O. Address *2649 Wilma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.