NOV 16 1938

DEC 13 1938

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

40372
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis — Registration District No. 784

(b) Township — Primary Registration District No. 111 — Registered No. 1865

(c) City Richmond Hts. — (d) Street No. St. Mary's 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

240

2. PRINT FULL NAME Hattie Bushell

(a) Residence, No. 3936 DeTonty St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Peter C. Bushell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29 1878

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
59	11	16	

OCCUPATION

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

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

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) Knoxville Iowa

FATHER

13. NAME Unknown Booth

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

MOTHER

15. MAIDEN NAME Lenora Bradbury

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

17. INFORMANT Capt. Peter C. Bushell
(ADDRESS) 3936 DeTonty St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE VALHALLA CEM DATE 11-17 1938

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary
(ADDRESS) 4228 So. Kingshighway

20. FILED NOV 16 1938 R. Meyer M.D. P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1932 to Nov. 14 1938

I last saw h. alive on Nov. 14 1938. Death is said to have occurred on the date stated above, at 7:40 P.M.

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

	Date of onset
Respiratory failure (acute) (Bulbar paralysis)	11/14/38

Other contributory causes of importance:

Vocal cord paralysis (abductor)

Name of operation ..... Date of .....

What test confirmed diagnosis? Hyp. Dia. 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) D. B. Kaiser M. D.

(Address) 3931 Hamilton Blvd.

(Licensed Embalmer's Statement on Reverse Side)

NOTE: Exact name of informant 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.

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 .....

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

Signed Edwin M. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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

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