

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.

1 - 21939

MAY 11 1939

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

Do not use this space.

16190

1. PLACE OF DEATH
 County St. Louis Registration District No. 784
 Township Grondelot Primary Registration District No. 200 File No. _____
 City St. Louis, Mo. (No. 1st Saint Rose Cemetery) Registered No. 797 Ward _____
 2. FULL NAME Bush, Esther Dixon
 (a) Residence, No. 7389 Maple Ave. Maplewood, Mo. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred — yrs. 3 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 Bush, Charles A.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6 - 1901
 7. AGE YEARS 37 MONTHS 8 DAYS 25 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) Indianapolis Indiana
 FATHER 13. NAME Dixon, James A.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.
 MOTHER 15. MAIDEN NAME Anderbough Rosette
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Graki Kansas
 17. INFORMANT Chas. D. Bush, c.c.a.
 (ADDRESS) 7349 Manchester Ave.
 18. BURIAL, CREMATION, OR REMOVAL Walhalla Repertory May 5 1939
 19. UNDERTAKER Parker and Co
 (ADDRESS) 1111 S. Broadway
 20. FILED MAY - 2 1939 J.R. Meyer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1939, to May 1, 1939
 A last saw her alive on May 1, 1939 Death is said to have occurred on the date stated above, at 2:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Tuberculous Enteritis Date of onset 1935
Acute Addison's Crisis
Old Incessant Pulmonary Tuberculosis
 Other contributory causes of importance:
Hypoproteinemia and Hypocalcemia
Marked Secondary Anemia
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No
 If so, specify _____
 (Signed) C.E. Gerson _____, M. D.
 (Address) 9101 S. Broadway Ave
St. Louis, Mo.

Remains Embalmed by Oren B Lang
Embalmer's license no 1581

APR 11 1902