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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30661

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7938

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4922 Washington Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 4922 Washington Blvd 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Emma K Bushman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry W. Bushman

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 20, 1850 (Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Home 1

11. Industry or business Housewife

FATHER
12. Name Andrew Kidd 1
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Madeleine M. Minter
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Andrew Bushman
(b) Address 4922 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept24, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Drehmann Harral
(b) Address 1905 Union Blvd

19. (a) SEP 24 1940 (Date received local registrar) (b) J. F. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1940 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from May 1st, 1938, to Sept 21, 1940;
that I last saw her alive on Sept 21st, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia unspecified

Due to Senility 111 lb

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. F. Englehart DO (M.D. or other)
Address 612 - 705 Olive St Date signed 9-23-40

(Licensed Embalmer's Statement on Reverse Side)

705 Alice St. MA, 3723
9-12
732 West Eaton Ca 9294

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.