No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20248

Registration District No. 791 | Primary Registration District No. 1003

Registrar's No. 5060

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

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: 1527 Herder /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 60 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 500

(c) City or town St. Louis. 267
(If outside city or town limits, write "RURAL")

(d) Street No. 1527 Herder.
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Josephine M. Bushey.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White.

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

6. (b) Name of husband or wife Late Joseph Bushey.

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

7. Birth date of deceased November (Month) 15 (Day) 1860 (Year)

8. AGE: Years 80 | Months 7 | Days 3 | If less than one day hr. min.

9. Birthplace Illinois. / (City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business

MOTHER FATHER

12. Name Thomas Menard.

13. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown. 9 / (City, town, or county) (State or foreign country)

16. (a) Informant Mary Toppins

(b) Address 1527 Herder

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JUN 20 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1941 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 1/ 1941, to June 18 1941, that I last saw her alive on June 17 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: chronic nephritis	? years
Due to: 1) diabetes mellitus	
2) diarrhea (type?)	
Due to: 3) angina pectoris	
4) arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): 5) chronic myocarditis	

Major findings:
Of operations —
Of autopsy no

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? no (Specify type of place)

While at work? (e) Means of injury

23. Signature William H. Grundmann M.D. (M. D. or other)

Address 2519 N. Jefferson Date signed 6/18/41

(Licensed Embalmer's Statement on Reverse Side)

2519 N. Jefferson (Dr Dundemann
1:30 - 5 P.M
je 33.34!

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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

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