

FILED JUN 10 1942

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4596

000
17
9
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:
Missouri-Pacific Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 17 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2608 S. Compton Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME AMOS LABON BUSHART

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Donna M. Bushart

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

7. Birth date of deceased September 13 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	8	12	_____ hr. _____ min.

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

10. Usual occupation Fireman

11. Industry or business Missouri-Pacific R.R.

MOTHER FATHER

12. Name Jacob Bushart

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

14. Maiden name Evangeline Bankson

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

16. (a) Informant Donna M. Bushart

(b) Address 2608 S. Compton Ave

17. (a) Removal (b) Date thereof May 28th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Illinois

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAY 27, 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th
year 1942 hour 10 20 minute P. M.

21. I hereby certify that I attended the deceased from May 23, 1942 to May 25, 1942
that I last saw him alive on May 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage, left

Due to Hypertension 5-10 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

Duration 4 days

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? _____

While at work _____
(Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address 17 1/2 S. High Date signed 5-26-42

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..... *Frank J. Owen*

Licensed Embalmer No..... *2245*

P. O. Address..... *St Louis Mo*

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.