

FILED JUN 1 1942

State File No.

Registration District No. 284

Primary Registration District No. 115

Registrar's No. 1124

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

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution: 740 Trinity
(If not in hospital or institution, write street number or location)

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

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 6908 Amherst
(If rural, give location)

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

If yes, name country.....

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0

3. (a) PRINT FULL NAME Wade Hampton Bush

3. (b) If veteran, name war..... none

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Arthur Bush 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November 23 - 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>29</u>	hr. min.

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

10. Usual occupation Bush - Burns

11. Industry or business Real Estate

12. Name William Bush

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

14. Maiden name Osce Salter

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

MOTHER FATHER

16. (a) Informant Mary Arthur Bush

(b) Address 6908 Amherst

17. (a) Removal (b) Date thereof 5-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson, Tenn.

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd

19. (a) MAY 22 1942 (b) C. E. McCarroll
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1942 hour 4:00 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 1942 to May 22 1942
that I last saw him alive on May 22 at 12:10 A.M. 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Coronary thrombosis

Due to arteriosclerosis

Other conditions (include pregnancy within 3 months of death)

Major findings: 9/40

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?.....

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

23. Signature Dr. Edward H. ... (M. D. or other) 0

Address 306 1/2 Grand Ave. St. Louis Mo. Date signed 7/2/42

HP

AUG 15 1948

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 *Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *University City, 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.