

FILED JUN 1 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1122

1. PLACE OF DEATH:

(a) County **St. Louis County**

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

(c) Name of hospital or institution: **Veterans Administration Facility**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Adm. May 4, 1942**
(Specify whether years, months or days)

In this community **since 5/4/42**

3. (a) PRINT FULL NAME **Frank Gushard**

3. (b) If veteran, name war **Spanish-American**

3. (c) Social Security No. **885-18-9441**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **19** years **1868**

7. Birth date of deceased **Sept. 19, 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	8	2	hr. min.

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

10. Usual occupation **Bricklayer**

11. Industry or business

12. Name **Peter Gushard**

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

14. Maiden name **Catherine Reinoshl**

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

16. (a) Informant **Alvin Selanoff**

(b) Address **Acting Clinical Clerk, V.A., J.B., Mo.**

17. (a) **St. Clair Memorial Park**
(Burial, cremation or removal)

(b) Date thereof **5/23/42**
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Clair Memorial Park**

18. (a) Signature of funeral director **August J. Hallard**

(b) Address **1001 1/2 S. 1st St., St. Louis, Mo.**

19. (a) **MAY 22 1942**
(Date received local registrar)

(b) **C. E. McLaughlin**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois**

(b) County **St. Louis**

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

(d) Street No. **4809 Bunkum Street**
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21st**, year **1942** hour **12:25** minute **P.M.**

21. I hereby certify that I attended the deceased from **May 4, 1942** to **May 21, 1942** and that death occurred on the date and hour stated above.

that I last saw him alive on **May 21, 1942**

Immediate cause of death: **Hypertensive and coronary arterio-sclerotic heart disease, cardiac enlargement, myocardial damage, auricular fibrillation, and myocardial insufficiency.**

Due to **enlargement, myocardial damage, auricular fibrillation, and myocardial insufficiency.**

Due to **dial insufficiency.**

Hemiparesis, right, incident to

Other conditions **cerebral vascular disease.**
(Include pregnancy within 3 months of death)

Duration **7 mo.**

Unk.

PHYSICIAN **—**

Underline the cause to which death should be charged statistically.

Major findings: Of operations **93 d**

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **NO**

(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)

Means of injury **—**

23. Signature **L. M. COCHRAN, M.D.** (M.D. or other)

Address **Chief Medical Officer.** Date signed **5/21/42**

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

6006

71124

Illinois

St. Louis County
Missouri

State of Missouri
Department of Health

Department of Health, Missouri

St. Louis County

St. Louis

St. Louis

St. Louis

SA
SA

St. Louis

St. Louis

St. Louis

Illinois

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 me

working under my personal supervision. Registered Apprentice No. _____

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address East St. Louis Ill

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.