

FILED MAR 18 1943

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2631 LAFAYETTE AV. 17
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Carrie Etta Bush

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22, year 1943 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from February 1, 1943 to February 22, 1943 that I last saw her alive on February 22, 1943 and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased MARCH 17-1869
(Month) (Day) (Year)

Immediate cause of death Cardiac failure - auricular fibrillation

Due to Carcinoma of Head of Pancreas

Due to Senility

Other conditions None
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>11</u>	<u>5</u>	hr. min.

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

10. Usual occupation NIL

Major findings:
Of operations CA - Head pancreas
disturbed common duct biopsy
Of autopsy None

PHYSICIAN
None
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name UNKNOWN STONER

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. M. Bush

(b) Address 2631 Lafayette Av

17. (a) BURIAL (b) Date thereof FEB 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEW CEM.

18. (a) Signature of funeral director E. J. Schur

(b) Address 3125 Lafayette Av

19. (a) FEB 24 1943 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

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? Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work Home (Specify type of place)

(e) Means of injury

23. Signature Chas. Wade (M. D. or other)
Address 1515 Lafayette Avenue Date signed 2/23/43

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

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

Geo B Vollmer

Licensed Embalmer No. *2014*

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.