

FILED FEB 24 1945

Primary Registration District No. 6026

Registrar's No. 460

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. Feb. 6, 1945  
(Specify whether years, months or days)  
In this community since Feb. 6, 1945.

3. (a) PRINT FULL NAME SETH M. USHER

3. (b) If veteran, name war Peace Time.  
3. (c) Social Security No. 318-20-4746

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Marie Usher  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased January 9, 1879  
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 5  
If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name John H. Usher  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Massey  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Records  
(b) Address Vet. Adm. Fac., Jeff. Brks., Mo.

17. (a) Burial (b) Date thereof Feb. 17, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Illinois

18. (a) Signature of funeral director Robert H. Streeper

(b) Address 2521 Edwards St., Alton, Ill

19. (a) FEB 16 1945 (b) E. J. Gannon  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison  
(c) City or town Alton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 440 Easton Street  
(If rural, give location)  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th,  
year 1945 hour 11:05 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 6, 1945 to February 14, 1945;  
that I last saw him alive on February 14, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH MYOCARDIAL DAMAGE AND INSUFFICIENCY.

Other conditions Carcinoma of rectum.

Major findings:  
Of operations No operation.  
Of autopsy No 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 Jefferson Barracks (Specify type of place)  
(e) Means of injury

23. Signature E. V. EDWARDS, Major, M.C. (M. D. or other)  
Address Acting Clinical Director Date signed 2/15/45

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

6  
0  
0

MOTHER FATHER

197

11

0

2

Duration

Unknown

Unknown.

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR -8 1945

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..... *Robert W. Streep*  
.....  
Licensed Embalmer No. .... *2474*  
.....  
P. O. Address..... *Alton, 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.