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DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED 26 1946 STANDARD CERTIFICATE OF DEATH

State File No. 25146

Registration District No. Primary Registration District No. 1003 Registrar's No. 6062

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Louis City Hospital  
(d) Length of stay: In hospital or institution. (Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Mike Cushing  
3. (b) If veteran, name war Unknown  
3. (c) Social Security No. Unknown

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased August 5 1872 (Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 1 If less than one day hr. min.

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

10. Usual occupation Roofer

11. Industry or business

12. Name William Cushing  
13. Birthplace Unknown Ireland (City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Anna Douglas  
(b) Address 3010 Summit Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) J. J. Bredert 1946 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 100  
(c) City or town St. Louis 17  
(d) Street No. 1616 Franklin 259 (If outside city or town limits, write "RURAL") (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1946 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of 2 Ribs  
2. Aggravation of Blows  
Labor overexhaustion when he was found injured in the hall of Et Boncher's Hotel 1616 Franklin Ave around 1:30 PM July 8, 1946  
Other conditions: (Include pregnancy within 3 months of death) Cause and manner of death could not be determined

Major findings: Of operations 1954  
Of autopsy 40

22. If death was due to external causes, fill in the following:  
(a) Accidental, suicide, or homicide (specify) Gun Verdict  
(b) Date of occurrence July 8, 1946  
(c) Where did injury occur? Same place (City or town) (County) (State)  
(d) Did injury occur in or about home, on (In an industrial place, in public place?) Hotel  
While at work? (Specify type of place) Means of injury to above  
23. Signature Patrick E. Taylor 7/9/46 (Date signed)  
Address Big Couriers

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

22007

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.....

*J. Allen Davis Jr.*

Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

**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.