

No. 300
-10-47
5-17-39
I 3906

FILED JUN 21 1948

318

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County ~~St. Louis~~
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1035 Sanford Ave.
(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 St. Louis City
(If outside city or town limits, write "RURAL")
(d) Street No. 1035 Sanford Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK J. BUSH.

3. (b) If veteran, name war None. 3. (c) Social Security No. 493-09-7130

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vera Bush. 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased November 21, 1878.
(Month) (Day) (Year)

8. AGE: Years 69. Months 6. Days 14. If less than one day
 hr. _____ min.

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

10. Usual occupation President of

11. Industry or business Motor Transportation Co.,

MOTHER FATHER

12. Name Ralph Bush.

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

14. Maiden name Minnie Kaufman.

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

16. (a) Informant Mrs Vera Bush.

(b) Address 1035 Sanford Ave.,

17. (a) Cremation. (b) Date thereof 6/10/48.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

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

(b) Address 7233 Delmar Blvd.

19. (a) JUN 8 1948 J. F. Zudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1948 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from June 1
1947, to June 5, 1948;
that I last saw him alive on June 5, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to Coronary occlusion

Due to _____

Other conditions None
(Include pregnancy within 5 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Richard A. Sutter (M. D. or other) M.D.

Address 915 Olive Date signed 6/8/48.

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

GA 6360
8 to 5

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.