

S. No. 300  
OM - 10-47  
Rev. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED DEC 14 1948

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37943  
Registrar's No. 10501

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis Heights 17  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1005 Hi-Pointe Place.  
(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 Heights 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1005 Hi-Pointe Place  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Caroline Bushnell  
3. (b) If veteran, name war No.  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 3  
year 1948 hour 3 minute 30 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
(b) Name of husband or wife Lloyd W. Bushnell, Dec'd Oct. 1924 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 8, 1883  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 5, 1948 to Dec. 3, 1948  
that I last saw her alive on Dec. 3, 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
65 5 24 hr. \_\_\_\_\_ min. 0

Immediate cause of death Carcinoma of pt. Breast  
Due to Carcinoma of pt. Breast

9. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)  
10. Usual occupation Retired Merchant  
11. Industry or business Dry Goods

Due to \_\_\_\_\_  
Other conditions no  
(Include pregnancy within 3 months of death)

MOTHER FATHER  
12. Name Edwin Robidoux  
13. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Annie George  
15. Birthplace Richmond, Mo. (City, town, or county) (State or foreign country)

Major findings: Radical Breast 1 yr. ago. (Carcinoma)  
Of operations \_\_\_\_\_  
Of autopsy No autopsy

16. (a) Informant Ruth Bushnell  
(b) Address 1005 Hi-pointe Place  
17. (a) Burial (b) Date thereof 12/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Resurrection Cemetery  
18. (a) Signature of funeral director Robert J. Ambruster, Inc.  
(b) Address Clayton Rd. at Concordia Lane 17  
19. (a) DEC 3 1948 (b) J. B. Denton  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0  
23. Signature Henry J. Appenheimer (M. D. of 1937)  
Address Metropolitan Bldg. Date signed 12-3-48

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

*Dr. Offenderman*  
*12-1-30 P.M.*

---

---

**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 *Ernest W. Spillers*.....

Licensed Embalmer No. *4280*.....

P. O. Address.....

**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.**