

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24381  
6705

State File No. ....

FILED AUG 7 1951

BIRTH NO. 47468-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>10hrs. 52mins.</u>		d. STREET ADDRESS (If rural, give location) <u>3136 Rutger</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paula</u> b. (Middle) <u>Rene</u> c. (Last) <u>Bush</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-24-51</u>	
5. SEX <u>3</u> <u>Fem.</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>7-24-51</u>
9. AGE (In years last birthday) <u>10</u> <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Vera Bush</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ther. M. Sherard, R.R. 2</u>		ADDRESS <u>2601 N. Whittier</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u>  ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>76210</u>			
22. I hereby certify that I attended the deceased from <u>7-24-</u> 19 <u>51</u> , to <u>7-24-</u> 19 <u>51</u> , that I last saw the deceased alive on <u>7-24-</u> 19 <u>51</u> , and that death occurred at <u>7-30-51</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William H. ...</u>		23b. ADDRESS <u>2601 N. Whittier</u>	
23c. DATE SIGNED <u>7-26-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-27-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>	
DATE REC'D BY LOCAL REG. <u>JUL 27 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>S. J. Matson</u>		ADDRESS <u>2769 chouteau</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE, PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 2698

P. O. Address. 2769 Chouteau, Ave

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.