

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29298**

No. 300
10.48

FILED SEP 8 - 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8109**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2 c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2189 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0 d. STREET ADDRESS (If rural, give location) 13 5100 Arsenal St.	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) _____ c. (Last) BUSH		4. DATE OF DEATH (Month) (Day) (Year) August 25 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb 28 1868
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 Mts.: Hours _____ Mts. _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
13a. FATHER'S NAME John Adolff		13b. MOTHER'S MAIDEN NAME Johanna Schlichter	
14. NAME OF HUSBAND OR WIFE Albert Bush		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Lena Schworm	
17. ADDRESS 4676 Tennessee		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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 15 min 4 mos.	
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 OF INJURY (Month) (Day) (Year) (Hour) _____ _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4500	
22. I hereby certify that I attended the deceased from <u>June 4</u> , 19 <u>48</u> , to <u>Aug. 25</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug. 25</u> , 19 <u>52</u> , and that death occurred at <u>5:45p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>D. Marie Jean Murphy</i> (Degree or title) _____		23b. ADDRESS 5100-Arsenal	
23c. DATE SIGNED 8/25/52		24a. BURIAL OR CREMATION (Specify) Burial	
24b. DATE Aug 27-52	24c. NAME OF CEMETERY OR CREMATORY New Pickers Cem	24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. AUG 27 1952		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. J. Schurm</i>	
REGISTRAR'S SIGNATURE <i>Cash Smith MD</i>		ADDRESS 3125 Lafayette	

(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. 41074

P. O. Address 3125 1st Street

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.