

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35205**
9310
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital** e. STREET ADDRESS (If rural, give location) **1135 Maffitt**

3. NAME OF DECEASED (Type or Print)
a. (First) **Lizzie** b. (Middle) _____ c. (Last) **Bush** 4. DATE OF DEATH (Month) **10** (Day) **6** (Year) **54**

5. SEX **F** 6. COLOR OR RACE **N** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **Divorced** 8. DATE OF BIRTH **11-13-1900** 9. AGE (In years, months, days) **53** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 15 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Domestic** 10b. KIND OF BUSINESS OR INDUSTRY **Housework** 11. BIRTHPLACE (City and State or Foreign Country) **Tenn** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Ward** 13b. MOTHER'S MAIDEN NAME **Mary Lee Stoke** 14. NAME OF HUSBAND OR WIFE **Fred Bush**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **499-28-2790** 17. INFORMANT'S SIGNATURE OR NAME **Homer G. Phillips Hospital** ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pulmonary Tuberculosis Far Advanced** INTERVAL BETWEEN ONSET AND DEATH **Undt.**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 NO

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) **002X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **9-11**, **1954**, to **10-6**, **1954**, that I last saw the deceased alive on **10-6**, **1954**, and that death occurred at **8:50 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Roy J. Williams M.D.** 23b. ADDRESS **2601 N. Whittier** 23c. DATE SIGNED **10-6-54**

24a. BURIAL CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **10-13-54** 24c. NAME OF CEMETERY OR CREMATORY **Oaksdale** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **OCT 13 1954** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Burks Funeral home** ADDRESS **3506 Franklin**

(Licensed Embalmer's Statement on Reverse Side)

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

el

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.....
Signature of Student Embalmer

Signed *Leroy H. Bannister*.....

Licensed Embalmer No. *452*.....

P. O. Address *3880 E...*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.