

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7017

State File No.

FILED FEB 18 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Wellston</u>		c. CITY OR TOWN <u>Wellston</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>12 yrs</u>		c. CITY OR TOWN <u>Wellston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6208 Ella</u>		e. STREET ADDRESS (If rural, give location) <u>6208 Ella</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELMER</u>	b. (Middle) <u>JOSEPH</u>	c. (Last) <u>BUSHOR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 11, 1893</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Mfg.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Effingham, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Moses Bushor</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Minnie Armistead</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>W. W. #1 488-053138</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Bushor</u>	ADDRESS <u>ad 6208 Ella</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma of spinal cord</u>		
	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. <u>Generalized metastases.</u>		

19a. DATE OF OPERATION <u>April 1956</u>	19b. MAJOR FINDINGS OF OPERATION <u>Spinal cord tumor.</u>	19c. YEAR <u>1956</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 7/28, 1956 to 1/18, 1957, that I last saw the deceased alive on 7/15, 1956, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Hugo F. Bergman M.D.</u>	23b. ADDRESS <u>3720 Washington</u>	23c. DATE SIGNED <u>1/18/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan 20, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Leslie Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-19-57</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cullen Kelly</u>	ADDRESS <u>7267 Natural Bridge</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *James A. Lammers*

Licensed Embalmer No. *414*
P. O. Address *St Louis*

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.