

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019009
STATE FILE NUMBER
2 4635

FILED JUN 1 1959 Registration District No. Primary Registration District No. Registrar's No.

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, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mississippi River		d. STREET ADDRESS (If outside, give location) - Reside on Farm 4641 Morganford Rd. Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Francis A. Bushea			4. DATE OF DEATH 5 11 1959		
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> / WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH Jul. 7, 1905		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME James Thomas Bushea		
14. MOTHER'S MAIDEN NAME Helen McDonald			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. unk		17. INFORMANT Webster Groves, Mo. James Bushea 746 Feldston Tr.			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation due to drowning		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		
-PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 929.842		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. MANNER OF DEATH Open Duct		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) When found in the Mississippi River, May 11 1959	
20c. TIME OF INJURY Hour 5 11 a. m. PM p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 290 River	
20e. CITY, TOWN, OR LOCATION St. Louis Mo		20f. COUNTY STATE	
21. I attended the deceased from 4:50 P. to 5:00 P. and last saw her alive on 5/12/59 Death occurred at 4:50 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul Simon Coroner		22b. ADDRESS 1300 Clark	
22c. DATE/SIGNED 5/12/59		23. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 5-13-59	
23c. LOCATION (City, town, or county) (State) S. Louis County, Mo.		24. FUNERAL DIRECTOR ADDRESS Southern Funeral-Home 6322 S. Grand, St. Louis, Mo.	
25. DATE RECD. BY LOCAL REG. MAY 12 59		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes unless a physician has first certified that the death was due to natural causes. Diseases in Part I must be accurately stated.

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S.P.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by *NOT EMBALMED*, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *David Van Gerson*.....

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.