

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008406

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED **FILED FEB 19 1963** District No. **318** Primary Registration District No. **1003** Registrar's No. **1324** STATE FILE NUMBER

VS 300 Rev. 4/59
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 2 *2/18*
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 4 *1*
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 12 *90-0*
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 90

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 40 N. Kingshighway		d. STREET ADDRESS (If outside, give location) 40 N. Kingshighway	
3. NAME OF DECEASED (Type or print) First FLORENCE Middle L. Last BUSH		4. DATE OF DEATH Month February Day 5 Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May. 22, 1891
9. AGE (last birthday) (71)		IF UNDER 1 YEAR Months Days Hours Min	IF UNDER 24 Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME William Larimore	
14. MOTHER'S MAIDEN NAME Florence Newport		15. NAME OF HUSBAND OR WIFE Leroy Bush	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		17. SOCIAL SECURITY NO.	
18. INFORMANT Darien Conn Address Mrs. George Sykes 62 Deepwood Rd.		19. NAME OF HUSBAND OR WIFE	
20. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Insufficiency DUE TO (b) Rheumatic Heart Disease DUE TO (c) 411X		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	22. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
24. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. CITY, TOWN, OR LOCATION		27. COUNTY STATE	
28. I attended the deceased from 1/29/63 to 5 Feb 63 and last saw her alive on 1/29/63		29. Death occurred at 9:05 p.m. 5 Feb 63 on the date stated above, and to the best of my knowledge, from the causes stated.	
30. SIGNATURE (Degree or title) Charles C. Abel, M.D.		31. ADDRESS 4511 Forest Park	
32. DATE SIGNATURE 6 Feb 63		33. DATE SIGNATURE	
34. BURIAL, CREMATION, REMOVAL (Specify) cremation	35. DATE 2/8/63	36. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	
37. LOCATION (City, town, or county) St. Louis Co. Missouri		38. STATE	
39. FUNERAL DIRECTOR Lupton Chapel, Inc 7233 Delmar Blvd		40. ADDRESS	
41. DATE RECD. BY LOCAL REG. FEB 7 1963		42. REGISTRAR'S SIGNATURE Loed Smith, M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Charles Abel
4511 Forest Park
4:45-5 P.M.
City
(Bush)

Removal o.k.?

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo

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.