

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

38234

**1. PLACE OF DEATH**

County..... Registration District No. 702  
 Township..... Primary Registration District No. 1038  
 City St. Louis (No. Missouri Baptist Parsonage) St. .... Ward .....

File No. ....  
 Registered No. 0968

**2. FULL NAME**

Garnet C. Bush  
 (a) Residence. No. 4642 Newberry St. N5 Word. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX mae 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28-1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	37	4	6	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Base-Ball Umpire  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN).....  
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Leo M. Bush

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
 (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Fannie Drew

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
 (STATE OR COUNTRY) Ohio

14. INFORMANT Leo R. Bush  
 (Address) 4642 Newberry Av.

15. FILED..... 19 Mar 6 Starkeoff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1919

17. I HEREBY CERTIFY, That I attended deceased from Dec 1918 to Dec 29, 1919, that I last saw him alive on Dec 29, 1919, and that death occurred, on the date stated above, at 11:40 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

myocarditis chronic  
and anemia (senile)

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: no. Baptist Par

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual

(Signed) Louis H. Beckwith, M. D.

Dec 30, 1919 (Address) Miss Pldg St Louis 220

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cemetery DATE OF BURIAL Jan 2 1920

20. UNDERTAKER Cullman Bros ADDRESS 17102 Gravel