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

Do not use this space.

16783

File No. 4903

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 79

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. St Anthony's Hospital St. ..... Ward)

2. FULL NAME Rev. Henry Hussmann

(a) Residence. No. 2747 Rutger St St., 13 Ward.
(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: male

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) August 16-1865

7. AGE: Years 63 | Months 8 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Pastor
(b) General nature of industry, business, or establishment in which employed (or employer): St Henry's Church
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Theodor Hussmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Mary Unknown

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

14. INFORMANT: Rev. R. Schuler
(Address) 2747 Rutger St.

15. FILED ..... 19..... Max C Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27 1929

17. I HEREBY CERTIFY, That I attended deceased from April 11, 1926, to Apr 27, 1929 that I last saw him alive on Apr 27, 1929, and that death occurred, on the date stated above, at 730 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis (Chr)
Angina Pectoris
94A
93C
(duration) 3 yrs. — mos. 17 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Louis Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam. Laboratory

(Signed) J Curtis Lyter, M.D

Apr 29, 1929 (Address) 525 Fresco Bldg St Louis Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery

DATE OF BURIAL: May 1 1929

20. UNDERTAKER: E. J. Schnur

ADDRESS: 3125 Lafayette Av.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10-10-10 199