

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 1363a) Lemp St. 5 Ward 5  
 File No. 25186  
 Registered No. 7411

**2. FULL NAME**

(a) Residence. No. .... St. 5 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (specify the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
ab 53

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Merchant  
 (b) General nature of industry, business, or establishment in which employed (or employer) Wheeler Dry Goods  
 (c) Name of employer

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

10. NAME OF FATHER Jacob Susman

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

12. MAIDEN NAME OF MOTHER Rosa (unk)

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

14. INFORMANT Johanna Susman  
 (Address) 1363a Lemp

15. JUL 24 1930 FILED Max C. Stahl REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to July 23, 1930, that I last saw him alive on July 23, 1930, and that death occurred, on the date stated above, at 7:45 P. m.

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

Coronary thrombosis  
94B  
97 (duration) yrs. mos. 2 da.  
 CONTRIBUTORY arteriosclerosis (SECONDARY) revent (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Albert E. Faussis, M. D.  
July 23, 1930 (Address) 3720 Washington

\*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 Grain Ammona DATE OF BURIAL 7/24 1930

20. UNDERTAKER H B Berger ADDRESS 4715 McPherson

K. 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.

