

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

Do not use this space.

37303

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St Louis Mo (No. ISOLATION HOSPITAL) St. Ward)

File No.
Registered No. 9932
St. Ward)

2. FULL NAME

Cassie Lou Pusan
(a) Residence, No. 134 Euclid - St. Charles Groves Mo
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. - mos. - ds. 17 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 10, 1929</u>		
7. AGE	YEARS <u>3</u>	MONTHS <u>1</u>
	DAYS <u>29</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>city St. Louis, Missouri</u>		
FATHER	13. NAME <u>Fred William Pusan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Reese</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>city St. Louis, Missouri</u>	
17. INFORMANT (ADDRESS) <u>J. Eschenbrenner ISOLATION HOSPITAL</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Eschen DATE <u>11-12</u>, 19<u>32</u></u>		
19. UNDERTAKER (ADDRESS) <u>J. C. Lewis 12501 Euclid St. St. Charles, Mo.</u>		
20. FILED <u>NOV 10 1932</u> <u>Ray C. Starkey</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1932, to Nov 9, 1932
I last saw her alive on Nov 9, 1932. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:
Meningococcus meningitis, recurrent Date of onset 10-3
12
88
88
Other contributory causes of importance: 1
Meningococcus
Ophtalmia
More
Name of operation None Date of
What test confirmed diagnosis Albert Coombs test Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) J. Eschenbrenner M. D.
(Address) ISOLATION HOSPITAL

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.

