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

Do not use this space.

2980

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No.
Township St. Ferdinand — Primary Registration District No. 6030 — Registered No.
City Robertson, Mo (No. Jewish Sanitarium St. Ward)

2. FULL NAME Sam Kusselman
(a) Residence. No. 4152 Labadie Av. St. Louis Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

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

7. AGE: about 54 YEARS — MONTHS: — DAYS: — If LESS than 1 day, ...hrs. or ....min.

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

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

PARENTS
10. NAME OF FATHER: Harry Kusselman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Russia
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Russia

14. INFORMANT: Zelda Kusselman
(Address) 4152 Labadie Ave.

15. FILED 1/16 1933 Emma J. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): January 14 1933

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1932, to January 14, 1933, that I last saw him alive on January 14, 1933, and that death occurred, on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Thrombosis
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY): General arteriosclerosis; Hemiplegia (duration) 2 yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: —
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? None
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory and clinical
(Signed) Seliz Simon per D. Kutcher M. D.
1-14, 1933 (Address) Jewish Sanat. Robertson, 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: Chevrah Kadisha — DATE OF BURIAL: Jan. 16 1933

20. UNDERTAKER: Oxenhandler Funeral Director — ADDRESS: 4469 Washington

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.