

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 791

Township

Primary Registration District No. 1003City St. Louis (No.)

St. Ward)

File No. 14178Registered No. 3303

2. FULL NAME

(a) Residence, No. City Infirmary 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 49 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)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFKatherine Hussamann

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

July 27-1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.7889

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labourer Cigar Maker

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)

Germany

FATHER

13. NAME

Matthieu Hussamann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Catherine Hussamann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

J. Jordan 5800 Chestnut St

18. BURIAL, CREMATION OR REMOVAL

PLACE

St. Peter's Church

DATE

April 30

19. UNDERTAKER (ADDRESS)

W. H. Helder, Undertaker, 2311-2317 Broadway, St. Louis, Mo.

20. FILED

APR 25 1934

19

J. B. Beck

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/1/193422. I HEREBY CERTIFY, That I attended deceased from 1/23/1930 to 4/1/1934I last saw him alive on 4/1/1934 Death is saidto have occurred on the date stated above, at 12:50 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Myocarditis Date of onset

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 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? No.

If so, specify

(Signed) Joe Musser, M. D.(Address) 2201-2203

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.

