

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

Do not use this space.

1. PLACE OF DEATH **SEP 20 1934**  
 County St. Louis Registration District No. 399 File No. 29234  
 Township St. Louis Primary Registration District No. 1002 Registered No. 3649  
 City St. Louis, Mo. (No. General Hosp #2) St. 3 (Ward)

2. FULL NAME Myrtle Cuskenbery  
 (a) Residence, No. 612 E. 16th St. 5 Ward. 5  
 (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 Female  
 4. COLOR OR RACE Colored  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Cuskenbery  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-23-1904  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, X hrs. or X min.  
30 5 11 X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter  
 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) Mo  
 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT (ADDRESS) Recor'd Clerk  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Not known DATE 8/8  
 19. UNDERTAKER (ADDRESS) Boyle Bros. 1708 2nd St.  
 20. FILED 8/7 1934 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4 1934  
 22. I HEREBY CERTIFY, That I attended deceased from 8-4 1934 to 8-4 1934  
 I last saw him alive on 8-4 1934 Death is said to have occurred on the date stated above, at 12:00 noon  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset 2 1/2  
Carotid  
 Other contributory causes of importance:  
Tuberculous Sepsis  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes  
 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) J. S. Brown M. D.  
 (Address) General Hosp #2

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.

