

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

Do not use this space.

10928

1. PLACE OF DEATH

MAR 21 1935

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis** (No. **De Paul Hospital**) St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St. **W.P.** Ward. **Johnston City Ill**
 (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 **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 **Edith Kushalo**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 9-1890**
 7. AGE YEARS **44** MONTHS **3** DAYS **8** If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Attorney**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **(Retired)**
 10. Date deceased last worked at this occupation (month and year) **July 1929** 11. Total time (years) spent in this occupation **14**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Fairfield Ill.**

FATHER 13. NAME **Tyra Kushalo**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Fairfield Ill.**

MOTHER 15. MAIDEN NAME **Mary Ann Tball**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Fairfield Ill.**

17. INFORMANT **H. W. Schroeder**
 (ADDRESS) **Superior Ill.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chester Ill** DATE **3-20** 1935

19. UNDERTAKER **Albert H. Hoppe Inc**
 (ADDRESS) **429 N. Euclid Ave.**

20. FILED **MAR 15 1935** 19 **J. Bredick**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 17, 1935**
 22. I HEREBY CERTIFY, That I attended deceased from **July 22, 1929** to **March 17, 1935**
 I last saw him alive on **Feb 17, 1935** Death is said to have occurred on the date stated above, at **10:20 p.m.**
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
Coronary Disease 1929
Chronic Nephritis 1929
 Other contributory causes of importance:
1. Hypertension 1929

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Urinal** Was there an autopsy? _____

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?
 If so, specify **Frank R. Langman**
 (Signed) _____ M. D.
 (Address) **3701 Westminster St. St. Louis**

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.

92829

