

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

925
Do not use this space.

FEB 12 1938

1. PLACE OF DEATH
 (a) County Registration District No. **791 2**
 (b) Township Primary Registration District No. **1003**
 (c) City **ST. LOUIS MO.** (d) Street No. **2825 EADS. AV.** Registered No. **781**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **EDWARD N. HUSSMAN 255**
 (a) Residence, No. **2825 EADS. AV.** St. **23** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **MAGDALENA HUSSMAN.**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **FEB. 7, -1884**
 7. AGE YEARS **53** MONTHS **11** DAYS **14** If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **CLERK.**
 9. Industry or business in which work was done, as saw mill, bank, etc. **POST OFFICE.**
 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) **MISSOURI 6**

FATHER 13. NAME **HENRY HUSSMAN 6**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY 6**

MOTHER 15. MAIDEN NAME **ANGELENA UNK,**

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

17. INFORMANT **M. HUSSMAN**
 (ADDRESS) **2825 EADS. AV.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SS. B. & PAVL CEM.** DATE **JAN 24 1938**

19. FUNERAL DIRECTOR **E. J. Schnur,**
 (ADDRESS) **3125 Lafayette av**

20. FILED **JAN 23 1938**
J. J. Predeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN 21 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 27 1937**, to **Jan 21 1938**
 I last saw him alive on **Jan 20 1938**. Death is said to have occurred on the date stated above, at **8:15 a.m.**
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Arterio Sclerosis
 Date of onset ?
 Other contributory causes of importance:
 Name of operation **None** Date of
 What test confirmed diagnosis **No Exam** 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? **NO**
 If so, specify
 (Signed) **L. C. Hirschmeyer**, M. D.
 (Address) **Metropolitan Bldg**

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.

STATEMENT BY LICENSED EMBALMER

I, Joseph Kollmer, Licensed Embalmer No. 4014
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Joseph Kollmer

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Joseph Kollmer
Licensed Embalmer No. 4014

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)