

REC'D APR 1 1938

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

8741

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... 2 Registration District No. ....  
(b) Township St. Louis Primary Registration District No. .... Registered No. 2330  
(c) City ..... (d) Street No. 3518 Connecticut St. St. ....  
(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 Louis F. Kusewitt 230

(a) Residence, No. 3518 Connecticut St. St. 16  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Anna Kusewitt  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8th. 1860.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 6 27  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
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) St. Louis, Mo.

13. NAME John Kusewitt

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

15. MAIDEN NAME Charlotte Kettler

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

17. INFORMANT Anna Kusewitt  
(ADDRESS) 3518 Connecticut St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE March, 10 - 1938

19. FUNERAL DIRECTOR Wacker-Helderle  
(ADDRESS) 2331 S. Broadway

20. FILED MAR 8 1938 J. Bredeck  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 7th. 1938

22. I, HEREBY CERTIFY, That I attended deceased from 2/27, 1938, to 3/7, 1938

I last saw him alive on 3/7, 1938. Death is said

to have occurred on the date stated above, at 1.30 P. M.

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

Cerebral hemorrhage  
gza

Date of onset  
2-7-38

Other contributory causes of importance:

Pulmonary Edema 3 days  
Arterio-sclerosis several  
No pneumonia non tubercular years

Name of operation none 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) J. Bredeck, M. D.

(Address) 3554 VICTOR ST

ST. LOUIS MO

