

SEP 14 1939

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

30052
Do not use this space.

1. PLACE OF DEATH

(a) County St Charles Registration District No. 257
 (b) Township _____ Primary Registration District No. 3036 Registered No. 117
 (c) City St. Charles or _____ (d) Street No. St Joseph Hospital 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Infant Twin Kussler
 (a) Residence, No. 218 Perry Street St. _____ (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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12th 1939

7. AGE YEARS MONTHS Days If LESS than 1 day, ... hrs. or ... min.
✓ 4 2 20 3 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) St Charles Mo

13. NAME Edgar Kussler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

15. MAIDEN NAME Bertha Mueller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

17. INFORMANT (ADDRESS) Edgar Kussler St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters Cemetery Aug 12th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo E. Wellmeyer St Charles Mo

20. FILED 8/17 1939 Blanche G. Messler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12th 1939

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1939, to August 12, 1939.
 I last saw him alive on August 12, 1939. Death is said to have occurred on the date stated above, at 1⁰⁰ P. M.
 The principal cause of death and related causes of importance were as follows:

Prematurity
 Date of onset 154

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) George E. Kuster, M. D.
St Charles, Mo (Address)

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.

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Handwritten notes and signatures at the top of the page, including a signature that appears to read "John W. Smith" and other illegible text.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P.O. Address.....

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.)

If this body is not embalmed, above space should be left blank.