

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Lukes Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Lulu Virginia Tussey *2nd*

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 10 1879
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>9</u>	<u>7</u>	hr. _____ min.

9. Birthplace Clinton Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Julian C. Tussey

13. Birthplace Lexington N.C.
 (City, town, or county) (State or foreign country)

14. Maiden name Anna E. Simes

15. Birthplace Not Known *9*
 (City, town, or county) (State or foreign country)

16. (a) Informant H. H. Tussey

(b) Address 859 Newport Ave. W.G.

17. (a) Removal (b) Date thereof Aug 19, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Missouri

18. (a) Signature of funeral director A. Row et al

(b) Address 2707 N. Grand Blvd.

19. (a) AUG 19 1940 (b) _____
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Webster Groves *NR*
 (If outside city or town limits, write "RURAL")
 (d) Street No. 859 Newport Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
 year 1940 hour 13 PM minute _____ P.M.

21. I hereby certify that I attended the deceased from August 14
1940, to August 17 1940
 that I last saw her alive on August 17 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death agranulocytic angina

Due to asphyxiation due to
marked edema involving

Due to myocardial infarction
mediastinum

Other conditions (Include pregnancy within 3 months of death)
non-malignant

Major findings: Of operations _____

Of autopsy Edema of mediastinum -
supra-renal tumor (P.P.)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? *8 d d*

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature L. P. Fay (M. D. or other) _____

Address 737 University Club Bldg Date signed _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 Paul J. Knollmeyer

Licensed Embalmer No. 2631

P. O. Address 2707 N. 1st

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

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