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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

23375

State File No.

5727

Registrar's No.

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Saint Louis Missouri.
(b) City or town Saint Louis Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pabstist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town Saint Louis.
(If outside city or town limits, write "RURAL") 24
(d) Street No. 2703 Utah Street.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th,
year 1941. hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from Sept
1939, to July 10, 1941.
that I last saw him alive on July 10, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to arteriosclerosis

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Yes
Of operations: _____
Of autopsy: Yes
arteriosclerosis - coronary disease

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

3. (a) PRINT FULL NAME Louis G. Nussmann.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None.

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

6. (b) Name of husband or wife Emma Nussmann 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 17th, 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 23 If less than one day hr. _____ min.

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

10. Usual occupation Grocery Business.

11. Industry or business _____

12. Name ? Nussmann

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Nussmann

(b) Address 2703 Utah Street.

17. (a) Burial (b) Date thereof July 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director Ziegenhain Bros.

(b) Address 2625 Cherokee Street.

19. (a) JUL 11 1941 (b) J. J. Fredrick
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature Joseph E. Carney (M. D. certifier) MOD

Address 526 Frisco Bldg Date signed 7-11-41

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

V E Morris

Licensed Embalmer No. *3360*

P. O. Address. *9623 Cherry*

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, fact should be so stated above.