V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15311

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4397

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3518 Connecticut St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3518 Connecticut St
(If rural, give location)

(e) Citizen of foreign country? D (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna E C Kusewitt

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Louis F

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

7. Birth date of deceased Feb (Month) 10 (Day) 1856 (Year)

8. AGE: Years 89 Months 3 Days 6 If less than one day hr. min.

9. Birthplace New Hanover (City, town, or county) Ill (State or foreign country)

10. Usual occupation Housework

11. Industry or business at Home

MOTHER FATHER

12. Name Henry Schrader

13. Birthplace Germany (City, town, or country) 4 (State or foreign country)

14. Maiden name Unknown Obusch

15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant John Kusewitt

(b) Address 3518 Connecticut St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 19 45 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) MAY 18 (Date received local registrar) (b) 1945 J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1945 hour 5.15 AM minute M.

21. I hereby certify that I attended the deceased from May 5 1945 to May 15 1945 that I last saw her alive on May 15 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Clinically, Coronary artery disease. — Duration

Due to Cardio-vascular-renal disease

Due to Senile changes.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work (e) Means of injury

23. Signature Geo. H. Mathai (M. D. or other)

Address 3167 So. Grand Date signed 5/17/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Mathae
5167 So. Grand Ave

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 Edwin D McDermott

Licensed Embalmer No. 3024

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, fact should be so stated above.