

FILED MAR 7 1946

318

Registration District No. _____ Primary Registration District No. **1003**

Registrar's No. **1911**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital - Max C. Starkloff Memorial**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 days**
(Specify whether
In this community **46 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
Street No. **5234 Paulina Pl.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **23rd**
year **1946** hour **8:35** minute **P** M.
21. I hereby certify that I attended the deceased from **2/14/46**
19____ to **2/23/46** 19____;
that I last saw him **im** alive on **2/23/46** 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death: **Myocardial**

Duration

Due to **ruptured appendix**
Due to _____

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

Major findings:
Of operations **same**

Of autopsy **same**

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? _____

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

23. Signature **M. Hard** 1515 Lafayette 2/25/46
Address _____ Date signed _____

3. (a) PRINT FULL NAME

FRANK KUSSMAN

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NO**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Emma** 6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **July 10 1899**
(Month) (Day) (Year)

8. AGE: Years **46** Months **7** Days **13** If less than one day hr. _____ min. **0**

9. Birthplace **St. Louis**
(City, town, or county) (State or foreign country)

10. Usual occupation **Postal Clerk**

11. Industry or business **Post Office**

12. Name **Frank F. Kussman**

13. Birthplace **St. Louis**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna McQuinn**

15. Birthplace **St. Louis**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C. Kussman**

(b) Address **5234 Paulina Pl.**

17. (a) **Burial** (b) Date thereof **2/27/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Joseph R. Howard**

(b) Address **1619 S. Paul**

19. (a) **FEB 26 1946** (b) **J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

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

6597

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.....

Joseph A Howard

Licensed Embalmer No.....

3941

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.