V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26154

FILED AUG 8 1947

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 7155

1. PLACE OF DEATH: —

(a) County

(b) City or town: ALEXIANS BROS. HOSPITAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ALEXIAN BROS. HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 WEEKS (Specify whether years, months or days)

In this community 30 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: ST. LOUIS 96

(c) City or town: WEBSTER GROVES Mo. 7
(If outside city or town limits, write "RURAL")

(d) Street No.: 859 NEWPORT AVE. 4
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME: EDWARD ALBERT TUSSEY

3. (b) If veteran, name war: NO-

3. (c) Social Security No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: DIVORCED

6. (b) Name of husband or wife:

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

7. Birth date of deceased: MAY (Month) - 26 (Day) - 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	2	5	— hr. — min.

9. Birthplace: CLINTON (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: MAIL CLERK

11. Industry or business: U.S. POST OFFICE DEPT.

MOTHER FATHER

12. Name: JULIAN C. TUSSEY

13. Birthplace: LEXINGTON (City, town, or county) N. CAROLINA (State or foreign country)

14. Maiden name: ANNA ELIZABETH SIMES

15. Birthplace: COSHOCTON (City, town, or county) OHIO (State or foreign country)

16. (a) Informant: HARRY H TUSSEY

(b) Address: 859 NEWPORT AVE.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: AUG 2 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: CLINTON, MISSOURI

18. (a) Signature of funeral director: Parker and Co

(b) Address: WEBSTER GROVES Mo.

19. (a) AUG 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 31 year 47 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7-17 3, 1947, to 7-31-, 1947, that I last saw him alive on 7-30-, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 days.
Due to:	
Due to: Coronary Thrombosis	mo.
Other conditions: Cerebral Embolus	(mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autops: Tumor of Pancreas Coronary Thrombosis & Cerebral Embolus

PHYSICIAN

Underline the cause of which death should be tabulated 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? Means of injury

23. Signature: Robert J. Bull (M. D. or other)

Address: 3415 Lemp Date signed: 8/1/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Mo Theater Bldg

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo

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.