

Registration District No. 318

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:
MISSOURI PACIFIC HOTEL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 1 Month (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

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

(d) Street No. 3825 Burgen (If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Walter John HUSSMAN

3. (b) If veteran name war..... Spanish

3. (c) Social Security No.

4. Sex..... M Color or race..... W

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

6. (b) Name of husband or wife..... Anna C. Hussman

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

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

8. AGE: Years Months Days If less than one day

69 2 5 hr. min.

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

10. Usual occupation..... Engineer

11. Industry or business..... Retired 3 1/2 years

12. Name..... UNK. HUSSMAN

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

14. Maiden name..... UNK.

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

16. (a) Informant..... Mrs. Anna C. Hussman

(b) Address..... 3825 Burgen

17. (a) (Burial, cremation, or removal)..... Burial (b) Date thereof..... 4-17-48
(Month) (Day) (Year)

(c) Place: burial or cremation..... National Cemetery

18. (a) Signature of funeral director..... Southern Funeral Home

(b) Address..... 6322 S. Grand Blvd.

19. (a) APR 16 1948 (Date received local health department)
J. F. Bridenk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1948 hour 11 minute 55 A M.

21. I hereby certify that I attended the deceased from March 13, 1948 to April 15, 1948; that I last saw him alive on April 15, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral Hemorrhage Duration 5 weeks

Due to..... Hypertension code 100

Due to.....

Other conditions..... g.i.
(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?.....

While at work?..... (Specify type of place)
(e) Means of injury..... 0

23. Signature..... [Signature] (M. D. or other) MD

Address..... MISSOURI PACIFIC HOTEL Date signed APR 15

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

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 J. W. Bunkley
Licensed Embalmer No. 3657
P. O. Address St. Louis, 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.