FILED JUN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23364

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 1636

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland
c. LENGTH OF STAY (In this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2992 Kincaid

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Overland~~ St. Johns
d. STREET ADDRESS (If rural, give location): 2992 Kincaid 4201

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD b. (Middle) ROSCOE c. (Last) CUSACK

4. DATE OF DEATH (Month) (Day) (Year): June 12, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 27, 1885

9. AGE (In years last birthday): 68 — If under 1 year: Months 0 Days 15 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter

10b. KIND OF BUSINESS OR INDUSTRY: Scullin Steel

11. BIRTHPLACE (City and State or Foreign Country): Valley Park Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Edward Cusack

13b. MOTHER'S MAIDEN NAME: Johanna McDaniel

14. NAME OF HUSBAND OR WIFE: Murl Cusack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 494-16-4035

17. INFORMANT'S SIGNATURE OR NAME: Murl Cusack — ADDRESS: Above

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral arterio sclerosis — 10 yrs

DUE TO (c) Hypertension arteriosclerotic — 9 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 331X

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 13, 1946 *to* June 12, 1953, *that I last saw the deceased alive on* June 8, 1953, *and that death occurred at* 5 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Beasley M.D.

23b. ADDRESS: #16 Hampton Village

23c. DATE SIGNED: 6/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 15 1953

24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.

24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: 6/18/53

REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Jay B. Smith Funeral Home 7456 Manchester, Maplewood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.