

APR 11 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City *St. Louis* (No. *City* *South* St. *Ward* *22*)

File No. 12881

Registered No. 2944

2. FULL NAME

JOHN H. STUSSEL

(a) Residence, No. *1114 1/2 13th* (Usual place of abode) Ward *22*Length of residence in city or town where death occurred *76* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married* (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Louise Stussel*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 21 1859*7. AGE YEARS *76* MONTHS *5* DAYS *26* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *clerk*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *unemployed*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*13. NAME *Stussel*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unk*15. MAIDEN NAME *Charlotte (unk)*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unk*17. INFORMANT *Mrs. J. H. Stussel* (ADDRESS) *City St. Louis*18. BURIAL, CREMATION, OR REMOVAL PLACE *Park Lawn Cem.* DATE *Mar. 20 1936*19. UNDERTAKER *C. Hoffmeister & L. Co.* (ADDRESS) *784 1/2 Broadway*20. FILED *APR 18 1936* *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/17/36*I HEREBY CERTIFY, That I attended deceased from *3/17 1936* to *3/17/36*, 19...First saw him alive on *3/17 1936* Death is saidto have occurred on the date stated above, at *22* rd.

The principal cause of death and related causes of importance were as follows:

Cerebral embolism of trunk (Embolic) Date of onsetOther contributory causes of importance: *Bronchial pneumonia*Name of operation *Bopsy* Date of *7. 2. 19-36*What test confirmed diagnosis? *Biology* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *St. Louis* M. D.(Signed) *J. H. Stussel* (Address) *City St. Louis*

Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

