

REC'D JUN 7 1938

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

19547

Do not use this space.

## 1. PLACE OF DEATH

(a) County Ordover Registration District No. 78-4  
 (b) Township \_\_\_\_\_ Primary Registration District No. 117 Registered No. 814  
 (c) City Webster Groves, Mo. (d) Street No. 810 Atlanta Av. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Fannie Charles Tustin.

(a) Residence, No. 810 Atlanta Av. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Tustin.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1868.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 I 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) Cambden,  
 (STATE OR COUNTRY) New Jersey.

FATHER 13. NAME Robert Charles

14. BIRTHPLACE (CITY OR TOWN) England.  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Nickel.

16. BIRTHPLACE (CITY OR TOWN) Germany.  
 (STATE OR COUNTRY)

17. INFORMANT John P. Tustin  
 (ADDRESS) 1810 Atlanta Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE May 7, 1938

19. FUNERAL DIRECTOR Bergesch Undertaking Co  
 (ADDRESS) 3661 Washington Bl.

20. FILED 56 19 38 J. R. Meyer Registrar. 767 (Address) 1676 Bond Ave

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1938

22. HEREBY CERTIFY, That I attended deceased from June 30 1938 to May 4 1938

I last saw her alive on May 4, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Chronic Myocarditis  
Hypertension  
938  
 Date of onset 15 yrs

Other contributory causes of importance:

Hemiplegia (Rt)  
24 days

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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 \_\_\_\_\_

(Signed) J. R. Meyer, M. D.

93C

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**