

40  
39  
23159

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
AUG 28 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23223  
5575  
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town. St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 27 days  
In this community Life 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Missouri (b) County \_\_\_\_\_  
(c) City or town. St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2811 N. 10th. St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frank Cushshon  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 1 year 1941 hour 7:10 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from June 4, 1941 to July 1, 1941, that I last saw him alive on July 1, 1941, and that death occurred on the date and hour stated above.

4. Sex. M 5. Color or race Lebl. 6. (a) Single, widowed, married, divorced. Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased. 12 31 1920  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis Duration 6 Mos.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
20 6 0 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Porter

11. Industry or business Dryal Dress Co.

12. Name Thomas Cushshon

13. Birthplace New Haven Mo. U  
(City, town, or county) (State or foreign country)

14. Maiden name Ophelia Vinyard

15. Birthplace New Haven Mo. U  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Cushshon  
(b) Address 2811 N. 10th St.

17. (a) Burial (b) Date thereof 7-7-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood  
18. (a) Signature of funeral director HOWELL FURMAN  
(b) Address 1900 C  
19. (a) Jul 7 1941 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
23. Signature J. W. Johnson (M. D. or other) \_\_\_\_\_  
Address 2601 N. Whittier Date signed 7/3/41

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

*Charles L. Howell*

Licensed Embalmer No.

*2452*

P. O. Address

*2820 Nichols*

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.