

FILED MAY 14 1943 8 18
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4246

1. PLACE OF DEATH:

(a) County St. Louis Mo

(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 City & Hospital
(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) 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis Mo

(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 3215 Lafayette
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK J. Cusick

3. (b) If veteran, name war no

3. (c) Social Security No. 497-20-3961

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1943 hour 1 minute 20 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex male 5. Color or face white

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

(b) Name of husband or wife Emma Cusick 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased: 3 (Month) 12 (Day) 1881 (Year)

Duration of illness 16 days

Cause of death Myocardial Infarction

slipped on a patch of ice and fell to the street at 20th Market St. on Jan 19-1943 about 11am

8. AGE: Years 62 Months 1 Days 24 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Iowa (City, town, or county) _____ (State or foreign country)

10. Usual occupation Hotel Clerk

Major findings: _____

Of operations 29

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business St. Louis Hotel

12. Name James M. Cusick

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

14. Maiden name Magaret Penna

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 1-19-43

(c) Where did injury occur? St. Louis Mo (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? _____ Means of injury _____

23. Signature Alfred Perry (M. D. or other) _____
Address Deputy Coroner Date signed 5/7/43

16. (a) Informant Robert Cusick

(b) Address 3215 Lafayette

17. (a) Burial, cremation, or removal Burial (b) Date thereof 5-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter's

18. (a) Signature of funeral director _____ (b) Address 4212 St. Louis Ave

19. (a) MAY 7 (Date received local registrar) _____ (b) J. F. Bredek (Registrar's signature)

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

MOTHER FATHER

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.....

Jos. A. Howard

Licensed Embalmer No. *4139*

P. O. Address.....

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.