

No. 2
1-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3566

FILED **OCT 23 1943** 3 17
Registration District No. _____

Primary Registration District No. 3069

Registrar's No. 2359

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2012 Knox Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth N. Cusack

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Edward R. Cusack

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 15 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56	3	3	_____ hr. _____ min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER, FATHER { 12. Name August Koebe

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Gellenbach

15. Birthplace Germany 7
(City, town, or county) (State or foreign country)

16. (a) Informant Edward R. Cusack

(b) Address 2012 Knox Ave.

17. (a) Burial (b) Date thereof Oct. 21 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK Cemetery
Jay B. Smith

18. (a) Signature of funeral director 7456 Manchester Ave.

(b) Address _____

19. (a) OCT 21 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from June
1942 to Oct. 17, 1943
that I last saw her alive on Oct. 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Respiratory failure 9 days

Due to Cerebral accident 9 days

Due to Hypertension, Nephritis, Myocarditis 3 yrs.

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

Major findings: _____

Of operations _____

Of autopsy 3/2

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. A. Sterling (M. D. _____)
Address 7266 Manchester Date signed 10-19-43

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

Maplewood

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.