

REC'D MAY 10 1938

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

13336
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **City Hospital** St.
33 (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 **33** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Lillian Schuessler, 24.6**

(a) Residence, No. **4637 Steffens Ave.** St. **15**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **George Schuessler**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 19, 1860**
7. AGE YEARS **78** MONTHS **1** DAYS **6** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
10. Date deceased last worked at this occupation (month and year) **1935** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Providence** (STATE OR COUNTRY) **Rhode Island**

FATHER 13. NAME **Unknown**
14. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) **Rhode Island**

MOTHER 15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) **Rhode Island**

17. INFORMANT **Sgt. H. Dedev.** (ADDRESS) **4015 WASHINGTON AVE**

18. BURIAL, CREMATION, OR REMOVAL PLACE **LAKEWOOD PARK** DATE **4-29-38** 19

19. FUNERAL DIRECTOR **MULLEN BROS** (ADDRESS) **4259 WINDELL**

20. FILED **APR 28 1938** **J.D. [Signature]** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-25-38** 19
22. I HEREBY CERTIFY, That I attended deceased from **2-18-35** 19... to **4-25-38** 19...
er **4-25-38** 19... Death is said to have occurred on the date stated above, at **8:00 P.M.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 7-7-36x Date of onset
93C
Other contributory causes of importance:
Rt. hemiplegia 4-16-38
caused by arterio sclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **No**

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 **William T. [Signature]** M. D.
(Signed) **5400 Arsenal St.** (Address)

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.

I. X12004

NOV 16 1948

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 *Thomas R. Fenwick*

Licensed Embalmer No. 3798

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.)