

REC'D JUN 7 1938

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

19443  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis  
(b) Township Clayton  
(c) City Clayton  
(d) Street No. St. Louis County Hospital  
(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. ds.

2. PRINT FULL NAME Fussner, Baby Boy

(a) Residence, No. 6550 Corbit, University City, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/10/38 19

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

22. I HEREBY CERTIFY, That I attended deceased from 5/8/38, 19, to 5/10/38, 19.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/8/38

I last saw him alive on 5/10/38, 19. Death is said to have occurred on the date stated above, at 2.50 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 2

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

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

Premature Birth  
Date of onset  
5/8/38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Other contributory causes of importance:

FATHER 13. NAME Walter Fussner  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

MOTHER 15. MAIDEN NAME Marie Eilers  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

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.

17. INFORMANT father, Walter Fussner  
(ADDRESS) 6550 Corbit University City

Manner of injury  
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 5/11/38 19

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify

19. FUNERAL DIRECTOR Lothar H. Bopp, Director  
(ADDRESS) Kirkwood, Mo.

(Signed) L. M. Umberg, M. D.

20. FILED 5-11 1938 J. R. Meyer, M. D. Legal Registrar

(Address) Co. Hwy

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.

STATEMENT BY LICENSED EMBALMER

I, John M Meyer, Licensed Embalmer No. 3288  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed John M Meyer  
Licensed Embalmer No. 3288

**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.)**