

S. No. 2
4-13-40
5-17-39
PI X23150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30470**
Registrar's No. **7809**

FILLED **OCT 18 1941**
791

1003

Registration District No. **791**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **2** years, months or days

3. (a) PRINT FULL NAME **Charles Fussner**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 0 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single** 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 27, 1929**
(Month) (Day) (Year)

8. AGE: Years **12.** Months **2** Days **1** If less than one day hr. min.

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

10. Usual occupation **Student**

11. Industry or business _____

12. Name **John C. Fussner**

13. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Susan Prives**

15. Birthplace **New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **John C. Fussner**

(b) Address **3851 Bingham Ave.**

17. (a) **burial** (b) Date thereof **10/1/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS Peter & Paul**

18. (a) Signature of funeral director **Oscar J. Hoffmeister**
(b) Address **4016 Chippewa St.**

19. (a) **SEP 29 1941** (b) **J. T. Biedack**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **020**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **15-9**
(d) Street No. **3851 Bingham Avenue**
(If rural, give location) **0**
(e) **No Attending Physician** years.
If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **28**
year **1941** hour **9** minute **10** a./M.

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.

Immediate cause of death **Compound comminuted fracture of the skull, hemorrhage of the brain while riding a bicycle he collided with Missouri Pacific train operated by Samuel Austin Ferguson and James Catter Fudman at Delor street and Missouri Pacific tracks about 8:50 am Sept 28-1941**

Major findings: Of operations **169**
Of autopsy **30**

Duration _____
Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence **Sept 28-1941**

(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? **Missouri Pacific right away**
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **Thomas Callanan** (M. D. or other) **3**

Address **Deputy Coroner** Date signed **9/29/41**

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.....

Ernest W. Spillars

Licensed Embalmer No.....

4080

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.