S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5714

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1568

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 36 31 Dover Place (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 11

(c) City or town St. Louis 91 (If outside city or town limits, write "RURAL")

(d) Street No. 36 31 Dover Place (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Joseph A. Schuessler

3. (b) If veteran, name war

3. (c) Social Security No. 487-18-0719

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Amelia

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

7. Birth date of deceased May (Month) 6 (Day) 1863 (Year)

8. AGE: Years 80 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Contractor

11. Industry or business

FATHER
12. Name John Schuessler
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Witte
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Guido Schuessler

(b) Address 36 31 Dover Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Chas. E. Stuart

(b) Address 1225 Union Blvd.

19. (a) FEB 1 1944 (Date received local registrar) (b) J. T. Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1944 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Dec 29, 1943, to Feb 15, 1944 that I last saw him alive on Feb 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Indefinite

Due to Gangrene of foot, leg & back

Due to

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Whitcomb Hill (M. D. or other)

Address 1625 Tower Grove Date signed 2/16/44

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 1861

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.