

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No.

2302

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution Florianant & Harris Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Harry W. Schuessler.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Myrtle Schuessler. 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased August 8, 1886.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 7 0 hr. min.

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

10. Usual occupation Police Sargent.

11. Industry or business St. Louis Metropolitan Dept.

12. Name Henry Schuessler.

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

14. Maiden name Anna Rufmeier.

15. Birthplace Fayetteville, Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Schuessler.

(b) Address 5940 Harney Avenue.

17. (a) Burial (b) Date thereof 3-11-1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) MAR 9 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 99
(d) Street No. 5940 Harney Avenue. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th.
year 1944 hour 2:21 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion
arteriosclerosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 work)

Means of injury _____

23. Signed _____ (M. D. or other)

Address _____ Date signed 3/11/44

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

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 *Ben Hoffman*.....

Licensed Embalmer No. *4266*.....

P. O. Address *St Louis, Mo*.....

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.