

FILED JAN 16 1945
Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **72**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6034 Magnolia Ave
(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) **1**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **93**
(d) Street No. **6034 Magnolia Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George G Heusler**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Minnie** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **Sept 7 1885**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	3	26	hr. _____ min.

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

10. Usual occupation **Foreman Carpet Worker**

11. Industry or business **Renard Carpet Co.**

12. Name **Robert Heusler**

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

14. Maiden name **Kate Halblant**

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

16. (a) Informant **Ross Heusler**

(b) Address **6034 Magnolia Ave**

17. (a) **Burial** (b) Date thereof **1 6 45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shiloh Cemetery Belleville Ill**

18. (a) Signature of funeral director **KRIEGSHAUSER**

(b) Address **4228 So. Kingshighway**

19. (a) **JAN 4 1945** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **3**
year **1945** hour _____ minute **10 AM**

21. I hereby certify that I attended the deceased from **5-16** 19**44** to **Jan 3** 19**45**
that I last saw him alive on **Jan 3** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina pectoris** **6 Mo**

Due to _____
Due to _____

Other conditions **Atrophy of right hand muscle**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence _____
(c) Where did injury occur? **none**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **no** (Specify type of place) (e) Means of injury **no**

23. Signature **W. H. Busscher** (M. D. or other)
Address **4255 S. Kingshighway** Date signed **1/4/45**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Edwin D Mc Dermott*

Licensed Embalmer No. *3024*

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.