S. No. 2
1—8-43
5-17-29
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1946

State File No. 7781

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2055

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: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5-days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Creve Coeur 0
(If outside city or town limits, write "RURAL")

(d) Street No. Ross Ave Rural Route #1 NR
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Della Nusman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Walter

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb (Month) 22 (Day) 1903 (Year)

8. AGE: Years 43 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Chesterfield (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Louis Janssen
13. Birthplace Chesterfield (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Magdalena Heusner
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Walter Nusman
(b) Address Creve Coeur, Mo. R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Bannan Bros Inc.
(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) MAR 1 1946 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1946 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Feb 2, 1943 to Feb 27, 1946 that I last saw her alive on Feb 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis — Duration

Due to

Due to

Other conditions Chr. Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Royal C. McLean M.D. (M.D. or other)

Address Kirkwood Mo. Date signed 2-28-46

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.