No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

Registration District No. 5617

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 33333

Registrar's No. 2060

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Le May (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 307 Ripa (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis 96
(c) City or town: Le May (If outside city or town limits, write "RURAL") 0
(d) Street No.: 307 W. Ripa Av. (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Josephine Nuessel
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Raymond Nuessel
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: Aug. (Month) 6 (Day) 1871 (Year)

8. AGE: Years 76 | Months 1 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: Switzerland (City, town, or county) 5 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
FATHER 12. Name: Unk. Meier
FATHER 13. Birthplace: Switzerland (City, town, or county) 5 (State or foreign country)
MOTHER 14. Maiden name: Unk.
MOTHER 15. Birthplace: Switzerland (City, town, or county) 5 (State or foreign country)
16. (a) Informant: Raymond Nuessel
(b) Address: 307 W. Ripa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation: N. St. Marcys Cem.
18. (a) Signature of funeral director: Witt Bro. Ky Mo
(b) Address: 2929 S. Jefferson Av.
19. (a) 10-6-47 (Date received local registrar) (b) Cecil J. Sharp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1 year 1947 hour 4 minute 50 P.M.
21. I hereby certify that I attended the deceased from 10-1- 1947 to 10-1- 1947 that I last saw her alive on 10-1- 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	3 hrs.
Due to: Senility	
Due to: 94 a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause of 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: D. S. Powell (M. D. or other)
Address: 6006 Virginia Date signed: 10-2-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 4 1947

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 Harold C. Witt

Licensed Embalmer No. 43513

P. O. Address 2929 S. Jefferson Ave

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.