

Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7744 Pershing /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96  
(c) City or town Clayton 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7744 Pershing 3  
(If rural, give location) d  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ARTHUR J. SCHUESSLER

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 Edith Beattie Schuessler 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased July 24 1882  
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 8 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Investment Broker & Real Estate

11. Industry or business

MOTHER FATHER

12. Name Nicholas Schuessler  
13. Birthplace Belleville Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Nehring  
15. Birthplace Belleville, Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur J. Schuessler, Jr.  
(b) Address 7744 Pershing

17. (a) Removal (b) Date thereof Nov. 5, 1947  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director Alexander T. Soria  
(b) Address 6175 Delmar Blvd., St. Louis, Mo.

19. (a) 11-4-47 (b) Seal of Health Dept  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd  
year 1947 hour 11:15 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from 10-18-1947 to 11/2, 1947,  
that I last saw him alive on 10-30, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Carcinoma

Due to \_\_\_\_\_

470

Due to \_\_\_\_\_

Other conditions

none

Major findings:

Of operations none performed

Of autopsy none performed

Duration

not known

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? \_\_\_\_\_

While at work: \_\_\_\_\_ (Specify type of place) (e) Manner of injury 0

23. Signature Lavinia Clenker (M. D. or other) 0  
Address 3515 South Grand Date signed 11/3/47

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

Dr. Schenker

35-15-80 Grand

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**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.....

*Geo. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175-Dellwood*

**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.**