No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 10 1948

Registration District No. 37

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 176076

State File No. 3485

Registrar's No. 38

1. PLACE OF DEATH:

(a) County: St. Louis,

(b) City or town: Creve Coeur,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Olive St. Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)

In this community: 1 yr. 6 mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis, 96

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

(d) Street No.: Olive St. Rd.
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Eleanor E. Fussner,

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: George J. Fussner,

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: Dec. (Month) 21, (Day) 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	0	15	hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: Own home;

FATHER
12. Name: George Mertz,
13. Birthplace: St. Louis Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Jeckel,
15. Birthplace: St. Louis Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: George J. Fussner,
(b) Address: Creve Coeur, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Pauls Cem. Des Peres, Mo.

18. (a) Signature of funeral director: Schrader Funeral Home,
(b) Address: Ballwin, Mo.

19. (a) 1-8-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 6, year: 1948 hour: 6 minute: 15 A. M.

21. I hereby certify that I attended the deceased from Nov. 17, 1939, to Jan. 6, 1948, that I last saw he alive on Jan. 4, 1948, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebral Hemorrhage

Due to: Essential Hypertension
Chronic Nephrosclerosis

Due to:

Other conditions: 93d
(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:

Signature: Henry F. Scott (M. D. or other) M.D.

Address: Ballwin Mo. Date signed: Jan. 6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Richard M. Bopp, Registered Apprentice No. 23, working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin 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.