

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11024**

BIRTH NO. _____ REG. DIST. NO. **917** PRIMARY REG. DIST. NO. **6876** Registrar's No. **523**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin	
c. LENGTH OF STAY (in this place) 8 Months		d. STREET ADDRESS (If rural, give location) Highway # 50	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nurs. Home # 2			

3. NAME OF DECEASED (Type or Print)	a. (First) Arnold	b. (Middle) A.	c. (Last) Hussmann	4. DATE OF DEATH (Month) (Day) (Year) March 3, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Nov. 12, 1899	9. AGE (In years last birthday) 91	10 UNDER 1 YEAR Months	10 UNDER 1 YEAR Days	10 UNDER 1 Hrs. Hours	10 UNDER 1 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jewelry Broker (Retired)	10b. KIND OF BUSINESS OR INDUSTRY Hussmann Co.	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. George Taylor	ADDRESS 8447 Tennyson Ave., Overland, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chemis myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 5, 1948**, to **March 3, 1949**, that I last saw the deceased alive on **Feb 28, 1949**, and that death occurred at **8 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. F. Merkle M.D.	23b. ADDRESS 3507 Potomac	23c. DATE SIGNED 3-4-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 5, 1949	24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	24d. LOCATION (City, town, or county) (State) 6800 Easton, St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 3-4-49	REGISTRAR'S SIGNATURE Thurid W. Luning	25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Richard M. Bopp

Licensed Embalmer No. 4584

P. O. Address Bellwin, 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.