

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Wm. Schussler
State File No. 18036
Registrar's No. 11 445

BIRTH NO. _____ REG. DIST. NO. 3170 PRIMARY REG. DIST. NO. 6576

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

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| 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 Overland | | c. LENGTH OF STAY (In this place) _____ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 9113-Delphine Ave. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland | |
| | | d. STREET ADDRESS (If rural, give location) 9113-Delphine Ave. | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Dora | b. (Middle) Victoria | c. (Last) York | 4. DATE OF DEATH (Month) (Day) (Year) | May 8 1949 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Dec. 20, 1869 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months 4 | IF UNDER 24 HRS. Days 18 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY XXXXXX | 11. BIRTHPLACE (State or foreign country) Jefferson City, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Hesch | 13b. MOTHER'S MAIDEN NAME XXXXXXXX | 14. NAME OF HUSBAND OR WIFE Norbert York |
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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. XXXXX | 17. INFORMANT'S SIGNATURE OR NAME Rose Petsconeck | ADDRESS 9113-Delphine Ave. Overland - 10. 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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis | | INTERVAL BETWEEN ONSET AND DEATH 5 yrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Gastritis | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ |
| 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? _____ |

22. I hereby certify that I attended the deceased from _____, 1945, to May 8, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE W. A. Schussler | (Degree or title) _____ | 23b. ADDRESS 8816 St. Charles Pl | 23c. DATE SIGNED May 10 - 49 |
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|---|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-11-1949 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| DATE REC'D BY LOCAL REG. _____ | REGISTRAR'S SIGNATURE Theresa L. ... | 25. FUNERAL DIRECTOR'S SIGNATURE Samman Bros. Inc. | ADDRESS 2504 Woodson Rd - Overland, Mo. |
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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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.