

No. 300
10-48

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6977

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 440

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. LENGTH OF STAY (In this place) 6 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPT.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
		d. STREET ADDRESS (If rural, give location) 7618 S. BROADWAY	

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) ROSE c. (Last) SCHUESSEL			4. DATE OF DEATH (Month) (Day) (Year) FEB. 18 1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH APRIL 16, 1912	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN BELLINGER	13b. MOTHER'S MAIDEN NAME MABEL ALSBURY	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK.	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME JOHN BELLINGER	ADDRESS 7713 VIRGINIA AVE.
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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) 2nd & 3rd degree burns involving		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 90% of body surface		
	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 400 E 9/16. 6	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Tourist Camp	21c. (CITY, TOWN, OR TOWNSHIP) 40 (COUNTY) ST. LOUIS MO. (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) FEB. 13, 1950 3:42 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Burned by Butane Gas Stove explosion

22. I hereby certify that I attended the deceased from **Feb. 13, 1950**, to **Feb. 18, 1950**, that I last saw the deceased alive on **Feb. 18, 1950**, and that death occurred at **5:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edmont S. Hinkle	(Deed or title) M.D.	23b. ADDRESS 601 S. Brantwood, Clayton 5, Mo.	23c. DATE SIGNED 2/19/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-21-50	24c. NAME OF CEMETERY OR CREMATORY MOUNT OLIVE	24d. LOCATION (City, town, or county) (State) LEMAY, MISSOURI

DATE REC'D BY LOCAL REG FEB. 20, 1950	REGISTRAR'S SIGNATURE Herbert R. Double, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE FENDLER UND. CO.	ADDRESS -7420 MICHIGAN
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SED

(Licensed Embalmer's Statement on Reverse Side)

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

40007

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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

case, injury, or complication which caused death.		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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE		(Degree or title)		23b. ADDRESS	
				23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL. (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
		Feb 21/50		Mt. Olive	
				24d. LOCATION (City, town, or county) (State)	
				Lemay Mo.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
				Fendler Und. Co 7420 Michigan Ave	

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 *J. E. ...*

Licensed Embalmer No. 3364

P. O. Address _____

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.