

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28176  
Registrar's No. 6959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St Louis**  
c. LENGTH OF STAY (in this place) **life**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **Deaconess Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri**  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Shrewsbury**  
d. STREET ADDRESS (If rural, give location) **7403 Lansdowne**

3. NAME OF DECEASED  
a. (First) **Myrtle** b. (Middle) **L** c. (Last) **Fassel**

4. DATE OF DEATH (Month) (Day) (Year)  
**Aug. 13 1950**

5. SEX **female**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Dec 31 1908**

9. AGE (In years last birthday) **41**  
if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) **St Louis Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Henry F Diesing**

13b. MOTHER'S MAIDEN NAME **Louise Merz**

14. NAME OF HUSBAND OR WIFE **Joseph Fassel**

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 ADDRESS  
**Eugene H. Diesing 5754 Thobzan**

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Suddural hemorrhage + Fr skull**  
ANTECEDENT CAUSES **Crushed upper 1/4 of chest with hemorrhage, suffered when the automobile DUE TO (b) being driven by her husband and struck by a truck driver on 0.1 of a white south of Jct "A" Jefferson County Mo around 4:30 pm**  
II. OTHER SIGNIFICANT CONDITIONS **Rayburn Hapberman Attorney #21**  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
28. AUTOPSY? YES  NO

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION **Aug 12 1950 Accident 757**

21a. ACCIDENT (Specify) **Accident**  
HOMICIDE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Highway**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
**Jefferson County Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Aug 12 50 11:00 p.m.**

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **E 8161**

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 **1245A** m., from the causes and on the date stated above.

23a. SIGNATURE **Patricia L. Casater** (Degree or title)

23b. ADDRESS **13007 Clark St**

23c. DATE SIGNED **8/16/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **cremation**

24b. DATE **8-15-50**

24c. NAME OF CEMETERY OR CREMATORY **Missouri Crematory**

24d. LOCATION (City, town, or county) (State) **St Louis Missouri**

DATE REC'D BY LOCAL REG. **AUG 16 1950**

REGISTRAR'S SIGNATURE **J. B. Casater**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **L. Ziegenhain & Sons 7027 Gravois**

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

JUL 6 1950

*Waus*

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *W. G. Peterson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3767*

P. O. Address *7027 Grews*

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.