

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2701

4005
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | |
| c. LENGTH OF STAY (in this place) <u>10-min.</u> | | d. STREET ADDRESS (If rural, give location) <u>21 221 N. Grand Blvd.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>Reverend Joseph</u> | | a. (First) <u>C.</u> | | b. (Middle) _____ | | c. (Last) <u>Husslein S.J.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19, 1952</u> | |
|---|--|----------------------|--|-------------------|--|--------------------------------|--|---|--|

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| 5. SEX <u>M.</u> | | 6. COLOR OR RACE <u>W.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u> | | 8. DATE OF BIRTH <u>June 10, 1873</u> | | 9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>79</u> <u>4</u> <u>9</u> | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Catholic Priest</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Wisconsin</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
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| 13a. FATHER'S NAME <u>George Husslein</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sophia Dimler</u> | | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Reverend George S. Klaus, 221 N. Grand Blvd.</u> | | ADDRESS | |
|--|--|--|--|--|--|---------|--|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> | |
| | | ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Coronary Sclerosis</u> | | | | ? | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>4201</u> | | | | | |

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| 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 10-19-52 only, 1952, that I last saw the deceased alive on 10-19, 1952, and that death occurred at 9:15 PM., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>E. Kieshaeder</u> | | (Degree or Title) <u>M.D.</u> | | 23b. ADDRESS <u>3720 Washington</u> | | 23c. DATE SIGNED <u>10/20/52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct. 22, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Stanislaus Seminary</u> | | 24d. LOCATION (City, town, or county) (State) <u>Florissant, Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>10/20/52</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Domb</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u> | | ADDRESS <u>3840 Lindell Blvd.</u> | |
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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.