

THE DIVISION OF HEALTH OF ILLINOIS
STANDARD CERTIFICATE OF DEATH

45302

FILED JAN 19 1953

State File No. _____
Registrar's No. **12239**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY St. Louis, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Illinois b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison 8/20

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens Hospital

d. STREET ADDRESS (If rural, give location) 907 Washington Ave

3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Michael c. (Last) Fuzessery

4. DATE OF DEATH (Month) (Day) (Year) 12-27-53

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH 10-7-1949

9. AGE (In years last birthday) 4 yrs.

IF UNDER 1 YEAR Months Days Hours Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and State or Foreign Country) E. St. Louis Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Frank Julius Fuzessery

13b. MOTHER'S MAIDEN NAME Julia Carbovich

14. NAME OF HUSBAND OR WIFE none

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 Frank Fuzessery, Madison, Ill.

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) Coronary thrombosis
ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Tuberculosis of Kidney
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 7540

22. I hereby certify that I attended the deceased from 12-25-1953, to 12-27-1953, that I last saw the deceased alive on 12-27-53 19____, and that death occurred at 7:25 a. m., from the causes and on the date stated above.

23a. SIGNATURE John E. Herweg M.D. (Degree or title)

23b. ADDRESS 500 S. KINGSHIGHWAY

23c. DATE SIGNED 12/27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 12-28-53

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Madison, Ill.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 28 1953

REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lahey F.H., Madison, Ill.

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

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 Ronald O. Yabuke

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.