

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32047  
State File No. 32047  
Registrar's No. 8347

FILED SEP 26 1956

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -- a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>TOWN St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. City Hosp # 1</b>		e. STREET ADDRESS (If rural, give location) <b>5462 Shreve</b>	
3. NAME OF DECEASED a. (First) <b>Eleanora</b> b. (Middle) <b>Marie</b> c. (Last) <b>Fussner</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 9, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 11, 1910</b>
9. AGE (In years last birthday) <b>46</b>		IF UNDER 1 YEAR Months <b>--</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b>--</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Frederick W. Keeve</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Riese</b>		14. NAME OF HUSBAND OR WIFE <b>William A.</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY <b>488-09-7194</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William A. Fussner, 5462 Shreve</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (or ANTECEDENT CAUSES) <b>Brain Injury; Multiple Fractures;</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Suffered when deceased jumped from fire escape to ground behind of building at 628 North Grand Sept 9, 1956 about 1000 am, while suffering a temp. mental disorder.</b>		
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) <b>Suicide Building</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Building</b>	(CITY, TOWN, OR TOWNSHIP) <b>St. Louis Mo</b>	(COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9. 9. 56 10am</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>E978x</b>	

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 **10:05 AM** on \_\_\_\_\_, 19\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph W. Quinn</b>		23b. ADDRESS <b>1900 Clark</b>		23c. DATE SIGNED <b>9/10/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/12/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 10 1956</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Chas. F. Stuart 1225 Union Bl.</b>		

**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.....  
Signature of Student Embalmer

Signed *Edma K. Cadwell*

Licensed Embalmer No. *407*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.