

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29996

STATE FILE NUMBER

FILED AUG 19 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6805**

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>St. Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>University City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DePaul Hosp.</b>		Length of stay in lb <b>1-day</b>	27 STREET ADDRESS <b>7283 Northmoor Dr.</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Walter</b> Middle <b>L.</b> Last <b>Schuessler</b>			4. DATE OF DEATH <b>July 20, 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 4, 1883</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>16</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Proprietory</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Cigar Co.</b>		11. BIRTHPLACE (City and state or country) <b>Belleville, Ill.</b>	
13. FATHER'S NAME <b>Nicholas Schuessler</b>			14. MOTHER'S MAIDEN NAME <b>Mary Nehring</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-18-1808</b>		17. INFORMANT <b>Leo Schuessler</b> Address <b>7283 Northmoor Dr.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular accident</b>					INTERVAL BETWEEN ONSET AND DEATH <b>20 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					<b>331X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Jan 1 - 1957</b> to <b>July 20 - 1957</b> and last saw him alive on <b>July 20 - 1957</b> Death occurred at <b>8:45 P m</b> on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <b>John G McSwiney MD</b> (Dr. or title)		22b. ADDRESS <b>504 Thekla Av</b>		22c. DATE SIGNED <b>7/22/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7/24/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel Cemetery</b>	
		23d. LOCATION (City, town, or county) <b>Belleville, Illinois</b>			
24. FUNERAL DIRECTOR <b>Chas. F. Stuart</b>		ADDRESS <b>1225 Union Bl.</b>		25. DATE RECD. BY LOCAL REG. <b>JUL 22 1957</b>	
26. REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>					

MEDICAL CERTIFICATION

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 *Etoussier Resmelus* .....

Licensed Embalmer No. *42*

P. O. Address *St Louis* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.