

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012098

FILED APR 9 1958

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STATE FILE NUMBER 3675

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word			Length of stay in 1b 2 1/2	d. STREET ADDRESS 3961 Lafayette			(If outside, give location) Lafayette
3. NAME OF DECEASED (Type or print) First Middle Last Bernhard Nuessli				4. DATE OF DEATH Month Day Year Mar 31 1958			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 30 1878		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY Owner Bakery	11. BIRTHPLACE (City and state or country) Switzerland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Bernhard Nuessli				14. MOTHER'S MAIDEN NAME Barbara Mettler			
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 Wife Louise A Ruegg Nuessli 3961 Lafayette				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary embolism?</i> DUE TO (b) <i>amputation at lower extremity 6 days</i> DUE TO (c) <i>Diabetes mellitus & arteriosclerosis 3 weeks</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 260x							INTERVAL BETWEEN ONSET AND DEATH 5 minutes
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 Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT <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 <i>23 Mar 58</i> to <i>31 Mar 58</i> and last saw him alive on <i>31 Mar 58</i> . Death occurred at <i>4:30 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>S. Dworkin M.D.</i>				22b. ADDRESS <i>1657 So Grand</i>		22c. DATE SIGNED <i>4-1-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Apr 3, 58	23c. NAME OF CEMETERY OR CREMATORY SunSet Burial Park		23d. LOCATION (City, town, or county) St. Louis Cty Mo			(State)
24. FUNERAL DIRECTOR E. J. SCHNUR - 3125 LAFAYETTE			25. DATE RECD. BY LOCAL REG. APR 1 '58		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		

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 *Thomas R. Fenwick*

Licensed Embalmer No. *37*

P. O. Address *325 Lafayette*

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.