

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038302

STATE FILE NUMBER

FILED OCT 23 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9770

300
1-57

1

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3633 - VIRGINIA</i>		Length of stay in lb	d. STREET ADDRESS <i>3633 - VIRGINIA</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>ELIZABETH TUSZL-TUSSELL</i>			4. DATE OF DEATH Month Day Year <i>OCT. 10 1958</i>		
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>DEC. 26 1868</i>	9. AGE (In years at birthday) <i>89</i>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>WIDOW</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>AT Home</i>	11. BIRTHPLACE (City and state or country) <i>AUSTRIA HUNGARY</i>	12. CITIZEN OF WHAT COUNTRY? <i>U-S-A</i>	
13a. FATHER'S NAME <i>NICK LAMBING</i>		13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>	14. NAME OF HUSBAND OR WIFE <i>GEORGE TUSSELL (DECEASED)</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT Address <i>3633 a VIRGINIA</i>		
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>Left Cerebral Hemorrhage</i> DUE TO (b) <i>Myocardial Infarction -</i> DUE TO (c) <i>Vascular Disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>422.1</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>3 years</i>
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.) <i>422.1</i>			
20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK 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 Death occurred at <i>10/10/58 - 10 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		to <i>Oct. 10 - 58</i> and last saw her him <i>Oct. 10 - 1958</i>			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>3606 Francis</i>		22c. DATE SIGNED <i>10/11/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<i>BURIAL</i>	<i>OCT. 13 1958</i>	<i>NEW ST. MARCUS</i>		<i>ST. LOUIS Mo</i>	
24. FUNERAL DIRECTOR <i>Thomas Kutz 2906 Francis</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>OCT 14 58</i>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

PR 3-2954
2-4 PM. Est.
about 3:30 PM Est.

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 *James E. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 ...*

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.