RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009323

FILED VS MAR 10 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 704

STATE FILE NUMBER

DED.

1. PLACE OF DEATH a. COUNTY St. Louis	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 Normandy — Length of stay in 1b 36 Hrs.	c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 8548 Church Road — Reside on Farm Yes ☐ No ☒*

3. NAME OF DECEASED (Type or print)	First RUTH	Middle ELSA	Last TUSSEY	4. DATE OF DEATH Month February Day 28, Year 1960
5. SEX F.	6. COLOR OR RACE W.	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 3/24/1912	9. AGE (last birthday) 47 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse	10b. KIND OF BUSINESS OR INDUSTRY Nursing	11. BIRTHPLACE (City and state or country) Pelham Manor, N.Y.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Arthur H. Koenig	13b. MOTHER'S MAIDEN NAME Bertha Griesinger	14. NAME OF HUSBAND OR WIFE Dr Julian D. Tussey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Dr. J. D. Tussey — Address 8548 Church Rd. 15		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Cardiac arrest

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Myocardial Ischemia

DUE TO (c) Coronary Sclerosis 420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Occlusion of aorta + Rt Iliac art c thrombus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 2/27/60, to 2/28/60 and last saw her alive on 2/28/60

Death occurred at 11 20 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. A. Gardner D.O.	22b. ADDRESS 917 Airport Rd.	22c. DATE SIGNED 2/29/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 3/3/1960	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. 3-1-60	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jos. E McCullo

Licensed Embalmer No. 946

P. O. Address 6170 Pl

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