

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021502

FILED VS. JUN 6 1960 318

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5339

STATE FILE NUMBER

6-22-60 mms
5239 W. Florissant Ave.
23 d, St. Louis Co., Mo.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Funeral Director

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	Length of stay in 1b D O A	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 St. Louis City Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7300 a Pennsylvania ave
3. NAME OF DECEASED (Type or print) First Middle Last Charles H. Schuessel		4. DATE OF DEATH Month Day Year May 19 th 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan 9, 1908
9. AGE (last birthday) 52		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) Plumber		10b. KIND OF BUSINESS OR INDUSTRY Unemployed	11. BIRTHPLACE (City and state or country) Breeze, Illinois
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Conrad Schuessel	
13b. MOTHER'S MAIDEN NAME Clara Feldeworth		14. NAME OF HUSBAND OR WIFE Elizabeth	
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. 491-14-8464	17. INFORMANT Mrs. Marie Keating 7302 Pennsylvania ave.
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>Cerebral Hemorrhage</i> DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>331x</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 Month, Day, Year a.m. p.m.	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 <i>Sept. 1, 1959</i> to <i>May 19, 60</i> and last saw him alive on <i>May 16, 1960</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>W. B. Kavan M.D.</i>	
22b. ADDRESS <i>539 N. Grand Bl. St. Louis, Mo.</i>		22c. DATE SIGNED <i>5/21/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>May 24, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olive Cemetery</i>	23d. LOCATION (City, town, or county, state) <i>St. Louis Co., Mo.</i>
24. FUNERAL DIRECTOR <i>C. Hoffmeister Mortuaries</i> 7814 S. Broadway		25. DATE RECD. BY LOCAL REG. <i>MAY 23 1960</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i>

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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 John Shennan

Licensed Embalmer No. 4194

P. O. Address St. Louis

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