MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-011192
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2301

FILED MAR 23 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4031 Bamberger
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4031 Bamberger
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Alfred Middle: A. Last: Luesse

4. DATE OF DEATH: Month: March Day: 7 Year: 1961

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb. 4, 1896
9. AGE (last birthday): 65
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): Barber
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry Luesse
13b. MOTHER'S MAIDEN NAME: Florine Schaefer
14. NAME OF HUSBAND OR WIFE: Agnes Luesse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT: Agnes Luesse Address: St. Louis, Mo. 4031 Bamberger,

INSTEAD OF

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis gene — years
DUE TO (c): 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Abdominal aortic A.S. aneurism
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 2-10-58, to date and last saw ~~her~~ him alive on 2-8-61
Death occurred at 745 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. Hackmeyer MD
22b. ADDRESS: 4065 S. Grand
22c. DATE SIGNED: 3-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 3-10-61
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem.
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: Southern Funeral Home ADDRESS: 6322 S. Grand St. Louis Mo.
25. DATE RECD. BY LOCAL REG.: MAR 8 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

ITEM NO. SHOULD READ INSTEAD OF DOCUMENT BY AFFIDAVIT OF

Dr Hackmeyer
4065 A Grand

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_____ Signed David Van Fossan
Signature of Student Embalmer

Licensed Embalmer No. 424 L

P. O. Address ST Louis Mo

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