

FILED MAR 30 1943

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3003 Wisconsin Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 79 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 3003 Wisconsin
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Miss Emma A. Stussel

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased January 31st, 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 17 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name Henry Stussel

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Meyer

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ida L. Stussel

(b) Address 3003 Wisconsin

17. (a) Burial (b) Date thereof March 20, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc

(b) Address 1936 St. Louis Avenue

19. (a) MAR 19 1943 (b) J. F. Brednek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1943 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from Feb 4 19 40 to March 19 19 43
that I last saw her alive on March 18 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Due to Chronic Myocarditis
Due to Arteriosclerosis
Other conditions (include pregnancy within 3 months of death) 92

Duration

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(c) Means of injury.....
23. Signature L. E. Maeller M.D. (Physician or other)
Address 3537 S. Jefferson Date April 18-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1-3

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Theo. W. Berdenwyden*

Licensed Embalmer No. *506*

P. O. Address: *St. Louis, Missouri*

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 this body is not embalmed, fact should be so stated above.