

S. No. 2
M-5-43
5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33679

State File No. _____

FILED NOV 1 1943

1003

9386

Registration District No. 1318

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Raymond Wussler

3. (b) If veteran, name war None 3. (c) Social Security No. 702-10-8572

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Agnes Huellewig Wussler 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased March 28 1918
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 6 24 hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business Rauch Truck Lines

12. Name Henry H. Wussler

13. Birthplace St. Charles Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mathilda P. Boschert

15. Birthplace St. Charles Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Wussler

(b) Address R. R. #. 2 St. Charles Mo.

17. (a) Burial (b) Date thereof 10/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) OCT 25 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route # 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22 year 1943 hour 10 minute 30 AM.

21. I hereby certify that I attended the deceased from Oct. 18 1943 to Oct. 22 1943
that I last saw him alive on Oct. 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Paralysis Duration 30 min

Due to Increased intracranial pressure

Due to Brain Tumor
Malignant

Other conditions (Include pregnancy within 3 months of death) 54

Major findings: Of operations _____

Of autopsy Cerebellar Tumor

PHYSICIAN

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) (e) Means of injury _____

23. Signature Oris S Woolsey (M. D. or other) M.D.
Address 4952 Maywood Date signed 10/25/43

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

MOTHER FATHER

844 (Licensed Embalmer's Statement on Reverse Side)

APR 26 1951

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..... *E. W. Wilkinson*
Licensed Embalmer No..... *3575*
P. O. Address.....

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.