

S. No. 2
M-2-43
5-17-39
I. X 697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2983
11695

State File No.

Registrar's No.

JAN 4 1948

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In Route to Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Leroy R. Fussner.

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

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

6. (b) Name of husband or wife Patricia Fussner 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased April 27, 1912.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 7 27 hr. min.

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

10. Usual occupation Refrigerator Ser. Man.

11. Industry or business _____

12. Name Rudolph Fussner

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

14. Maiden name Eugenia Juern

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

16. (a) Informant Mrs. Patricia Fussner

(b) Address 6605 Etzel Ave.,

17. (a) Burial (b) Date thereof 12/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) Dec 27 (b) J. F. Madach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City,
(If outside city or town limits, write "RURAL")
(d) Street No. 6605 Etzel Ave.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1943 hour 10.05 minute P.M. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracturing skull, Duration
subdural hemorrhage, Brain
When the automobile which he
was driving ran into the
rear of a truck driven by
Dudley Wyatt in front of
4608 Page Blvd about 10:00

Other conditions None Dec. 24 1943
(Include pregnancy within 3 months of death)

Major findings: Unusual Carleson on part PHYSICIAN
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) Car Carleson

(b) Date of occurrence Dec 24 1943

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place) (c) Means of injury Auto

23. Signature Alfred J. [unclear] (M. D. or other)
Address [unclear] Date signed 12/27/43

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

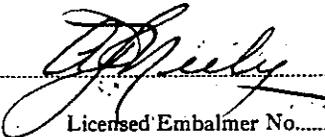
MOTHER FATHER

CITY CORONER OFFICE

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.....



Licensed Embalmer No. 3225

P. O. Address. 1125 Hodiament Ave.,

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.