

U.S. No. 2  
FORM-5-43  
REV. 5-17-39  
I X36571

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28744  
Registrar's No. 1815

FILED SEP 2 1944

Registration District No. 317 Primary Registration District No. 3066

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2150 Kirkwood Road 1  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")

(d) Street No. 2150 Kirkwood No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLARA FUSSNER (FUSSNER)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 27  
year 44 hour 12:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 12-20  
1943 to 8-25 1944

that I last saw h. er alive on 8-25 1944  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph FuSSNER 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 1 1885  
(Month) (Day) (Year)

Immediate cause of death Melanotic Carcinoma - dorsal spine & long bones - Duration 1 year

Due to Carcinoma Breast 2 1/2 years

Due to \_\_\_\_\_ 7 years

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 58 Months 11 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Retired

Major findings: Of operations Carcinoma of breast Of autopsy 50

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name George Juerni

13. Birthplace \_\_\_\_\_ (City, town, or county) Mo 0 (State or foreign country)

14. Maiden name Minnie Zeller

15. Birthplace Wash Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph FuSSNER TUSSNER (b) Address 2150 Kirkwood Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Burial

18. (a) Signature of funeral director Louis H. Bopp, Inc (b) Address 1314 Pigeon Dr Kirkwood Mo

19. (a) AUG 31 1944 (Date received local registrar) (b) E. Y. McGarran (Registrar's signature)

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Ed A. ... (D. or other) \_\_\_\_\_  
Address 19 E. ... Date signed 8/28/44

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.....

*Felix Bernard*

Licensed Embalmer No.....

*3034*

P. O. Address.....

*Kirkwood Mo*

**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.**