

32173

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2290

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Bonhomme Twshp. 40th St	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Mason Rd.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Manchester Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Frank	b. (Middle) X.	c. (Last) Fuszner	4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 4	8. DATE OF BIRTH Dec. 22, 1864	9. AGE (In years last birthday) 85	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Famer, Retired	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) St. Louis Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Fuszner	13b. MOTHER'S MAIDEN NAME Christine Deutschmann	14. NAME OF HUSBAND OR WIFE Theresa Fuszner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME J. Rustige	ADDRESS St. Louis, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Seuil arteriosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4221

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 11001	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ?	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to Sept 24, 1950, that I last saw the deceased alive on Sept 24, 1950, and that death occurred at 10:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE C. J. Denny MD	(Degree or title)	23b. ADDRESS Creve Coeur, Mo	23c. DATE SIGNED 9-25-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/27/50	24c. NAME OF CEMETERY OR CREMATORY St. Joseph's	24d. LOCATION (City, town, or county) (State) Manchester, Mo.
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DATE REC'D BY LOCAL REG. 9-25-50	REGISTRAR'S SIGNATURE H. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home	ADDRESS Ballwin, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
400
4

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Geo. Schrader

Signed.....
Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address

Ballwin, 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.