

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43770**
Registrar's No. **10639**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis | | a. STATE Missouri b. COUNTY ST. Louis | |
| c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) Le May | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital | | d. STREET ADDRESS (If rural, give location) 307 W. Ripa Ave. | |
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH | |
| a. (First) Raymond b. (Middle) J. c. (Last) Nuessel | | (Month) (Day) (Year) Dec. 12, 1950 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH JUNE 29, 1870 |
| 9. AGE (In years last birthday) 80 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (State or foreign country) GERMANY |
| 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | 13. FATHER'S NAME | |
| 13b. MOTHER'S MAIDEN NAME | | 14. NAME OF HUSBAND OR WIFE Josephine Nuessel | |
| 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. No | 17. INFORMANT'S SIGNATURE OR NAME Robert Voney | |
| 17. INFORMANT'S SIGNATURE OR NAME | | ADDRESS 307 W. Ripa Ave. | |

| | | | |
|--|--|-----------------|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 24 hours |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic myocarditis | | 5 years |
| DUE TO (c) chronic infection of liver chronic arteriosclerotic myocarditis | | 10 years | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|--|--|---|
| 19a. DATE OF OPERATION 12-9-50 | 19b. MAJOR FINDINGS OF OPERATION cholelithiasis, cholecystitis | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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) |
| 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? 58 HX |

22. I hereby certify that I attended the deceased from **4-7, 1949**, to **12-12, 1950**, that I last saw the deceased alive on **12-12, 1950**, and that death occurred at **7:14 a.m.**, from the causes and on the date stated above.

| | | | |
|--|---|--|---|
| 23a. SIGNATURE Burchard W. Nuessel | (Degree or title) M.D. | 23b. ADDRESS 6006 Virginia Ave | 23c. DATE SIGNED 12-12-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 12-14-50 | 24c. NAME OF CEMETERY OR CREMATORY New ST. Marcus | 24d. LOCATION (City, town, or county) (State) ST. Louis, County |
| DATE REC'D BY LOCAL REG. 13 1950 | REGISTRAR'S SIGNATURE J. B. Casator | 25. FUNERAL DIRECTOR'S SIGNATURE With Bros. L. & H. G. | |
| | | ADDRESS 2929 S. Jefferson | |

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

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.....
Student Embalmer

Signed *J. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *2929 Jefferson*

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.