

FILED MAR 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10976

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>697</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <del>St. Louis County</del>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u> <del>St. Louis County</del>		c. LENGTH OF STAY (In this place) <u>6 Hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		<u>4607</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>320 Bristol Rd</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Firmin</u>		b. (Middle) <u>D</u>		c. (Last) <u>Fusz III</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 18 51</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Nov 16/49</u>	
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR: Months <u>4</u> Days <u>2</u>		IF UNDER 24 HRS. Hours <u>2</u> Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Firmin D. Fusz</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Cowhey</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms Catherine Fusz</u> ADDRESS <u>320 Bristol Rd W.4.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture Skull</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 hours</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				9000 21	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>900.0</u>		19a. DATE OF OPERATION <u>3/17/51</u>				19b. MAJOR FINDINGS OF OPERATION <u>Small subdural hemorrhage beneath scalp with brain injury</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Webster Groves</u> (COUNTY) <u>St Louis</u> (STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 17 1951 6:45 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>fall from stairs banister</u>			
22. I hereby certify that I attended the deceased from <u>June 1949</u> , to <u>3/18</u> , 1951, that I last saw the deceased alive on <u>3/18</u> , 1951, and that death occurred at <u>12:40</u> P. M., from the causes and on the date stated above.							
23a. SIGNATURE <u>Earl Brand</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Webster Groves Mo</u>		23c. DATE SIGNED <u>3/19/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-19-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u> ADDRESS <u>3840 Lindell Blvd</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

120 East Lockwood

Webster Grove

8 AM

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.....

*Thomas R Jenrick*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.