

No. 300
10. 48THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44161**

XC-2 36 554

Reg. # 10722

BIRTH NO. **DEC 20 1952**REG. DIST. NO. **317**PRIMARY REG. DIST. NO. **500**Registrar's No. **3138**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS 23, MO.		c. LENGTH OF STAY (in this place) 2 1/2 HOURS	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2249	
f. STREET ADDRESS 3017a LEMP AVE.		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) HESS FREDREICK b. (Middle) LOUIS c. (Last) MUSSLER			4. DATE OF DEATH 12-5-52
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-5-92
9. AGE (In years last birthday) 60 YRS		10. MONTHS 1	
11. DAYS 5		12. HOURS 2	
13. MINUTES 49		14. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUILDING WORKER		10b. KIND OF BUSINESS OR INDUSTRY Roofer & Gen. Contractor	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME LOUIS MUSSLER		13b. MOTHER'S MAIDEN NAME ANN HUFF	
14. NAME OF HUSBAND OR WIFE MARY MUSSLER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS, MO.	
17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC FAILURE, CORONARY PULMONAL		INTERVAL BETWEEN ONSET AND DEATH 1 HR. PLUS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CIRRHOSIS OF LIVER, TUBERCULOSIS, RIGHT UPPER LOBE, FIBROCALCIFIC, INACUTE		15 YEARS	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION 5271A	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) NONE	
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)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 12-5 1952 , to 12-5 1952 , that I last saw the deceased 12:50 p.m. , and that death occurred at 12:50 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE W. G. Mueller (Degree or title) M.D.		23b. ADDRESS VETERANS ADMINISTRATION HOSPITAL	
23c. DATE SIGNED 12-5-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12-9-52		24c. NAME OF CEMETERY OR CREMATORY NATIONAL	
24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS		25. FUNERAL DIRECTOR'S SIGNATURE P. T. Southern	
25. ADDRESS 6312 90		DATE REC'D BY LOCAL REG. 12-8-52	
REGISTRAR'S SIGNATURE Herkut R. Damber		F. I. W. Southern	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed David Lee Fosson

Licensed Embalmer No. 43-43

P. O. Address 637 24th St

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.