

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED FEB 28 1955

445-4 State File No. **5905**

BIRTH NO. _____		REG. DIST. NO. <u>308</u>		PRIMARY REG. DIST. NO. <u>6049</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> <u>0920</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Augusta</u>		c. LENGTH OF STAY (in this place) <u>4 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville</u> <u>0920</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julian</u>			b. (Middle) <u>A.</u>			c. (Last) <u>Tuschhoff</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>February 18, 1955</u>							
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 17, 1901</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>1</u>	IF UNDER 4 HRS. Hours <u>4</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Conservation agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Soil conservation</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fredrick J. Tuschhoff</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Hilbert</u>		14. NAME OF HUSBAND OR WIFE <u>Leona Tuschhoff</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leona Tuschhoff Wentzville, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatic Carditis 3 yrs.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar.</u> , 19 <u>52</u> to <u>Feb. 15,</u> 19 <u>55</u> that I last saw the deceased alive on <u>Feb. 15,</u> 19 <u>55</u> , and that death occurred at <u>11:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. C. McMurray M.D.</u>				23b. ADDRESS <u>Wentzville, Mo</u>		23c. DATE SIGNED <u>2/18/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>February 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Appleton cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>old appleton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 25, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs Viola Sheeffer</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Morris Munchary</u>		ADDRESS <u>Wentzville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

JUN 1 1958

MAY 21 1957

MAR 3 1955

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 Harold O. Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.