

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027429

STATE FILE NUMBER

FILED AUG 7 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7249

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clayton 4462
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		Length of stay in 1b 11 days	d. STREET ADDRESS (If outside, give location) 6730 Clayton Avenue
3. NAME OF DECEASED (Type or print) First Adolph Middle F Last Schuessler		4. DATE OF DEATH Month July Day 22 Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 7 1893
9. AGE (In years) 85 (birth day)		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Continental Grain Co	11. BIRTHPLACE (City and state or country) Benton, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Rev. Ernst Schuessler	
13b. MOTHER'S MAIDEN NAME Magdalena Koestering		14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give nature of service) Yes 1st World War		16. SOCIAL SECURITY NO. 499-28-9599A	17. INFORMANT Mrs. Vera Rose, Jacksonville, Illinois
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage hypertensive cardiovascular disease DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1 w 5 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 443x	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 1958, to 7-22-58 and last saw him alive on 7-21-58 Death occurred at 11:37 AM m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE H. O. Schrepel (Degree or title) H. O. Schrepel, M.D.	
22b. ADDRESS 634 No Grand, St. Louis, Mo		22c. DATE SIGNED 7-23-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 24 1958	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Av		25. DATE RECD. BY LOCAL REG. JUL 23 '58	26. REGISTRAR'S SIGNATURE Charles Smith Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *Allen W. Hatz*

Licensed Embalmer No. *3737*

P. O. Address *St. Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.