

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021769

FILED MAY 31 1960

ENDED

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1572 STATE FILE NUMBER

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Webster Groves Mo</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> COUNTY <u>ST. LOUIS</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webster Groves Mo</u>          |  | c. CITY OR TOWN <u>Webster Groves Mo</u>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>320 Bristol Road</u> |  | d. STREET ADDRESS (If outside, give location) <u>320 Bristol Road</u>   |  |

|   |                               |   |   |   |  |  |
|---|-------------------------------|---|---|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Firmin</u> Middle <u>D</u> Last <u>Fuss</u>                             |                               |   | 4. DATE OF DEATH<br>Month <u>5</u> Day <u>14</u> Year <u>60</u> |   |  |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-29-04</u>                                 | 9. AGE (last birthday) <u>55</u>                              | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> | IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fuss &amp; Schmelsle</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Investment Co</u>  |   | 11. BIRTHPLACE (City and state or country) <u>St Louis Mo</u> |  | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>        |
| 13a. FATHER'S NAME <u>Firmin D. Fuss</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Mary Craft</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>Catherine Fuss</u>             |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>No</u>       |                               | 16. SOCIAL SECURITY NO. <u>  </u>   |   | 17. INFORMANT Address <u>Catherine Fuss, 320 Bristol Rd</u>   |  |  |

|  |                              |  |
|--|------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Infarction</u> |                              | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 min</u><br><u>1957</u><br><u>3 yrs ago</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>" " 1st re</u> |  |
|  | DUE TO (c) <u>  </u>         |  |

|  |  |  |  |
|--|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive CVS disease 13 yrs</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|--|--|--|--|

|  |   |  |   |
|--|---|--|---|
| 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.) |   |
| 20c. TIME OF INJURY<br>Hour <u>  </u> Month, Day, Year <u>  </u>                               | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)     | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

21. I attended the deceased from Jan 1928 to 5/14/60 and last saw him alive on 5/14/60  
Death occurred at 9:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                       |                                 |
|--|---------------------------------------|---------------------------------|
| 22a. SIGNATURE (Degree or title) <u>Earld Brand MD</u> | 22b. ADDRESS <u>Webster Groves Mo</u> | 22c. DATE SIGNED <u>5/16/60</u> |
|--|---------------------------------------|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5-17-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u> |
|---|--------------------------|--|--|

|  |   |  |
|--|---|--|
| 24. FUNERAL DIRECTOR ADDRESS <u>Arthur J. Donnelly 3840 Lindell Blvd</u> | 25. DATE RECD. BY LOCAL REG. <u>5-16-60</u> | 26. REGISTRAR'S SIGNATURE <u>John M. Murphy M.D.</u> |
|--|---|--|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*Juez*

ebater Groves No  
 ebater Groves No  
 320 Bristol Road  
 320 Bristol Road  
 14 20  
 2-29-04  
 U.S.A.  
 Catherine Furs  
 Investment Co  
 Mary Craft  
 U.S.A.  
 Catherine Furs. 320 Bristol Rd

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_ Signed *Francis Hillier*  
 Signature of Student Embalmer

Licensed Embalmer No. 356  
 P. O. Address 3840 d

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.