SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-035235
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2560

FILED SEP 18 1961

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Marys Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St.Louis
c. CITY OR TOWN Kirkwood — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 41 Orchard Lane — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First JOHN Middle CARL Last DASSLER
4. DATE OF DEATH Month Sept. Day 9, Year 1961
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-27-1887
9. AGE (last birthday) 74
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Traffic Engineer
10b. KIND OF BUSINESS OR INDUSTRY S.W.Bell Tel.Co
11. BIRTHPLACE (City and state or country) Leavenworth Kan.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Chas.F.Dassler
13b. MOTHER'S MAIDEN NAME Lee Yost
14. NAME OF HUSBAND OR WIFE Lucy Finlayson Dassler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----------
17. INFORMANT Paul Dassler 12120 Bridle Trail La. Address St.Louis Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis heart disease — 6 yrs.
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Parkinson's disease
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1/25/61, to 9/9/61 and last saw her/him alive on 9/9/61
Death occurred at 9 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Paul J. Bettonville (Degree or title) M.D.
22b. ADDRESS 411 N. Kirkwood Rd.
22c. DATE SIGNED 9/11/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-12-1961
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
23d. LOCATION (City, town, or county) Kirkwood (State) Mo.
24. FUNERAL DIRECTOR Parker-Aldrich Webster Groves Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 9-11-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — ITEM NO. — SHOULD READ — BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Leslie Welch

Signature of Student Embalmer

Licensed Embalmer No. 4395

P. O. Address Webster Gr

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