

318 Primary Registration District No. 1003 Registrar's No. 10616 STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST LOUIS,** Length of stay in 1b-  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. LOUIS EUBANK CHURCH SREVE & CARTER** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **4827 CARTER AVE** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **EUGENE C. NETSCHER** 4. DATE OF DEATH Month Day Year **NOV, 14, 1961**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **8/11/1885** 9. AGE (last birthday) **76** 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) **CHIEF CLERK** 10b. KIND OF BUSINESS OR INDUSTRY **F.D.I.C.** 11. BIRTHPLACE (City and state or country) **PACIFIC MISSOURI** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **SEBASTIAN NETSCHER** 13b. MOTHER'S MAIDEN NAME **ELVIRA MAYER** 14. NAME OF HUSBAND, OR WIFE **ANNA**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT Address **ANNA NETSCHER 4827 CARTER AVE**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Infarction Myocardium** INTERVAL BETWEEN ONSET AND DEATH **instant**  
 DUE TO (b) **Arteriosclerotic Heart**  
 DUE TO (c) **Disease**  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 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.) **4200**

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 **April 2 '61** to **Nov 4 '61** and last saw him alive on **Oct 4 '61**  
 Death occurred at **8:30 a** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **H. H. Sussemer M.D.** 22b. ADDRESS **Northland Mer Bldg** 22c. DATE SIGNED **11-15-61**

23a. BURIAL, CREMATION, REMOVAL **REMOVAL MOTOR** 23b. DATE **11/18/61** 23c. NAME OF CEMETERY OR CREMATORY **SUNSET CEMETERY** 23d. LOCATION (City, town, or county) (State) **PACIFIC MISSOURI**

24. FUNERAL DIRECTOR ADDRESS **STROOT - CARROLL 4600 NATURAL BRIDGE** 25. DATE RECD. BY LOCAL REG. **NOV 15 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith. M.D.**

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

