

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040720
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9908**

FILED OCT 19 1962

VS 300
Rev. 4/59

1

2 **207**

3

4 **1**

5 **2**

6

7 **0**

8 **2**

9

10

11

12 **92-0**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| Length of stay in 1b | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hospital | | d. STREET ADDRESS (If outside, give location) 5940 Harney Ave. | |
| Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First MYRTLE Middle Last SCHUESSLER | | 4. DATE OF DEATH Month Oct. Day 14 Year 1962 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-10-1893 |
| 9. AGE (last birthday) 69 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) St. Charles, Mo. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | |
| 13a. FATHER'S NAME Gus Moeller | | 13b. MOTHER'S MAIDEN NAME Mathilda Cramer | 14. NAME OF HUSBAND OR WIFE Late Harry W. Schuessler |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mabel L. Hartmann 9823 Ridgley |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Coronary atherosclerosis 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| 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. <input type="checkbox"/> Yes <input checked="" 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 Hour a.m. p.m. | Month, Day, Year | | |
| 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 Nov. 10, 1955 to Oct. 14, 1962 last saw her alive on 10/10/62 Death occurred at 7:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE V. J. Garrow (Degree or title) MD | | 22b. ADDRESS 539 N. Grand St. St. Louis | 22c. DATE SIGNED 10/15/62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct. 18, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. Louis |
| 24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway | | 25. DATE RECD. BY LOCAL REG. OCT 16 1962 | 26. REGISTRAR'S SIGNATURE Roal Smith, M.D. |

USE BLACK INK OR TYPEWRITER RIBBON

Dr. D. B. Flavan Je. 1-1255
Humboldt Med. Bldg.
339-5
279-6

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 Edwin A. Mc Dermott

Licensed Embalmer No. 3027

P. O. Address _____

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.