

FILED DEC 27 1943

Registration District No. 573

Primary Registration District No. 6076

Registrar's No. 2826

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
46 LEMAY GARDEN LEMAY MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 30 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town LEMAY MO
(If outside city or town limits, write "RURAL")
(d) Street No. 46 LEMAY GARDEN
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RUTH ANN NUSSBAUMER

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MATT NUSSBAUMER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 12 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name JOSEPH TURLEY Missouri
13. Birthplace Unknown Missouri
14. Maiden name ELIZABETH TERRY Missouri
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant EMMA NICHTING

(b) Address 46 LEMAY GARDEN LEMAY MO

17. (a) BURIAL (b) Date thereof 12/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DE SOTO MO

18. (a) Signature of funeral director Thos. Denton & Son

(b) Address 2906 Gravois St. St. Louis MO

19. (a) DEC 20 1943 (b) R. D. Lawrence M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1943 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from 11-26-43
_____ 1943 to 12-17 1943
that I last saw he alive on 12-17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Dilatation of heart
Duration 30 min

Due to chronic myocarditis yes
Hemiplegia Rt. sign.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy 932
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
Means of injury 0

23. Signature E. D. Creelias (M. D. or other) _____
Address 748 Lemay Ferry Rd Date signed 12/18/43
Lemay, Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

260

JAN 7 1944

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

David Van Fossen

Licensed Embalmer No.

4242

P. O. Address.....

2906 Morris

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 this body is not embalmed, fact should be so stated above.