MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

OCT 14 1937

Do not use this space. 32546

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 8600

(c) City St. Louis, Missouri (d) Street No. 4263 Louisiana St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Louise Duesenberg

(a) Residence, No. 4263 Louisiana St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Duesenberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 17, 1863

7. AGE: 73 YEARS, 10 MONTHS, 26 DAYS. If LESS than 1 day, ... hrs. or ..... min.

35

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Household
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carlinville, Illinois

FATHER

13. NAME: Breymann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mr. Hugo Duesenberg, 4263 Louisiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE Our Redeemer Cem DATE Sept. 15, 1937

19. FUNERAL DIRECTOR (ADDRESS): Beiderwieden Fun. Home, Inc. 1936 St. Louis Avenue

20. FILED SEP 13 1937 19 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1937, to Oct 11, 1937
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast	

Other contributory causes of importance: 50

Name of operation Mass removal Date of 5/15/37
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify Unknown
(Signed) E C Westaver M. D.
(Address) 906 7 Chemical Bld

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

by Edw. Weston,
Chemical Bldg

To a P.M.

STATEMENT BY LICENSED EMBALMER

I, Gustatz, Licensed Embalmer No. 3737

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Gustatz

Licensed Embalmer No. 3737

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.)