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X23159

**MAR 25 1941** 791  
Registration District No. ....

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Lutheran Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Day**  
**12 years** (Specify whether years, months or days)

In this community \_\_\_\_\_

3. (a) PRINT FULL NAME **Hugo Duesenberg**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Edna Duesenberg** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **June 30, 1890**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **7** Days **16** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Carlinville Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business **Retailer**

12. Name **Charles Duesenberg**

13. Birthplace **Germany**  
(State or foreign country)

14. Maiden name **Duisensbreymann**

15. Birthplace **Carlinville Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edna Duesenberg**

(b) Address **4263 Louisiana Ave**

17. (a) **Burial** (b) Date thereof **Feb. 17, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Our Redeemer Cemetery**

18. (a) Signature of funeral director **H. Duesenberg Funeral Home**  
**FEB 15 1941**  
**1936 St. Louis Ave.**

19. (a) \_\_\_\_\_ (b) **J. B. Brueck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4263 Louisiana Ave.**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **14** year **1941** hour **4:50** minute **a** M.

21. I hereby certify that I attended the deceased from **Nov. 11, 1940** to **Feb. 14, 1941**, that I last saw him alive on **Feb. 13, 1941**, and that death occurred on the date and hour stated above.

Immediate cause of death **nephritis chronic**  
**Nephritis with retroperitoneum**  
**arteriosclerosis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **13/6**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy **yes - above**  
**degenerative**

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)

(e) Means of injury **0**

23. Signature **W. B. Koehn** (M. D. or other) \_\_\_\_\_  
Address **4500 Olive** Date signed **Feb 14**

**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.....

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

**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.**