

FILED APR 28 1943

Registration District No. ....

318

Primary Registration District No. ....

1003

Registrar's No. ....

3710

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **Saint Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5116 Cologne Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri.** (b) County.....  
(c) City or town..... **Saint Louis,**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **5116 Cologne Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... **Lydia Deruntz**

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..... **Emil Deruntz** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... **October 20th, 1873.**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**69 5 27** hr. min.

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

10. Usual occupation..... **At Home**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **John Mersch**  
13. Birthplace..... **Unknown Germany 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Kruze**  
15. Birthplace..... **Unknown Germany 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Emil E. Deruntz**  
(b) Address..... **6213 Mardel Ave.**

17. (a) **Burial** (b) Date thereof..... **April 21, 43.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Valhalla Cemetery.**

18. (a) Signature of funeral director..... **Ziegenhain Bros.**

(b) Address..... **6409 Gravois Ave.**

19. (a) **APR 21 1943** (b) **J. F. Brueck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17th,**  
year..... **1943.** hour **11** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **Mar 6** 19**43** to **April 17** 19**43**  
that I last saw her alive on **Apr 17** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Myocarditis Chronic**  
**Nephritis Chronic**  
**Hypertension**  
Due to.....  
Due to.....

Duration  
don't know  
don't know  
don't know

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

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

23. Signature..... **John C. ... M. D. or other**  
Address..... **April 19** Date signed..... **4/19/43**

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

**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 *Juddie A. Ferguson*  
Licensed Embalmer No. *2670*  
P. O. Address *6409 Geneva*

**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.**