

JUN 30 1943 318

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 5636

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis Children's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days (Specify whether _____)
 In this community 4 days (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County Randolph
 (c) City or town Bellevue (If outside city or town limits, write "RURAL") NR.
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____ 2

3. (a) PRINT FULL NAME FERREL DUENSING

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9 19 1939
 (Month) (Day) (Year)

8. AGE: Years 3 Months 8 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business Child

12. Name Adolf Duensing

13. Birthplace Bellevue Ill
 (City, town, or county) (State or foreign country)

14. Maiden name Egidias Fuchs

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

16. (a) Informant Adolf Duensing

(b) Address Bellevue Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 1943
 (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Bremen, Ill.

18. (a) Signature of funeral director Wm. C. Schroeder

(b) Address Bellevue Ill.

19. (a) JUN 21 1943 (Date received local registrar) J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
 year 1943 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from 6-14-43
 1943 to 6-18 1943

that I last saw him alive on 6-18 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Titanium
slight injury to ankle

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy Bronchopneumonia

Duration

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) (e) Means of Injury _____

23. Signature J. F. Barnett (M. D. or other)
 Address _____ Date signed _____

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

MOTHER FATHER

5636

5636

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.....

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