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2285

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

FILED SEP 4 1945

Registration District No. **317**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Fern Ridge**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Fee Fee Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Fern Ridge**
(If outside city or town limits, write "RURAL")

(d) Street No. **Fee Fee Road**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Caroline Deusinger**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **LAW** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **William** 6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **Sept 2 1859**
(Month) (Day) (Year)

8. AGE: Years **83** Months **11** Days **21** If less than one day hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Lorenz Freimuth**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Buttensieck**

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

16. (a) Informant **William Deusinger**

(b) Address **Creve Coeur, Mo. R#1**

17. (a) **Burial** (b) Date thereof **8-26-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ev. St. Pauls Cem**

18. (a) Signature of funeral director **Blairman Brodme**

(b) Address **2504 Woodson Overland**

19. (a) **Aug 30 1945** (b) **C. G. Mc Laron**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **23**
year **1943** hour **9** minute **40 P.** M.

21. I hereby certify that I attended the deceased from **May 15** 19**43** to **Aug 20** 19**43**
that I last saw her alive on **Aug 20** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **chronic myocarditis** Duration _____

Due to _____

Due to _____

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) (e) Means of injury _____

23. Signature **R B Perry** (M. D. or other) _____
Address **Creve Coeur Mo** Date signed **8-25-43**

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 *W. G. Peterson*
Licensed Embalmer No. *3767*
P. O. Address *Overland Mo.*

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.