

No. 2
5-17-39
X36671

FILED JAN 20 1944
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:
3326a Belt 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 **Life** years, months or days) _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3326a Belt Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ida D. Dustmann

3. (b) If veteran, name war **No**

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 **Henry H. Dustmann**

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

7. Birth date of deceased **November 2, 1873.**
(Month) (Day) (Year)

8. AGE: Years **70** Months **2** Days **1** If less than one day hr. min.

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

10. Usual occupation **Housework**

11. Industry or business _____

12. Name **Frederick Wassmund**

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

14. Maiden name **Belter**

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

16. (a) Informant **Mr. Elmer H. Dustmann**

(b) Address **3326a Belt Ave.**

17. (a) **Burial** (b) Date thereof **Jan. 6, 1944.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pioker Cemetery**

18. (a) Signature of funeral director **GALVIN F. FEUTZ FUNERAL HOME**

(b) Address **4828 Natural Bridge Blvd.**

19. (a) **JAN 5 1944** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January**, day **3**, year **1944**, hour **12:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 1, 1944**, to **Jan 3, 1944**, that I last saw her alive on **Jan 2, 1944**, and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Bronchitis** Duration _____

Due to **93**

Other conditions **Chronic Myocarditis**
(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? _____

(Specify type of place) _____
(e) Means of injury _____

23. Signature **J. A. Williams** (M. D. or other) **M.D.**
Address **1511 E Grand** Date signed **1-5-44**

29711

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 John M. [Signature]
Licensed Embalmer No. 4186
P. O. Address St. Louis 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.