

FILED OCT 6 1944

318

Primary Registration District No. 1003

Registrar's No. 8286

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: _____
Mo. Baptist
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 511 Greiner Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME OTTO O. DEUSER

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased April 2 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 year 44 hour 11:40 AM minute _____ M.

21. I hereby certify that I attended the deceased from July 10, 1944, to Sept 26, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 5 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Carpenter

MOTHER FATHER } 12. Name John Deuser

13. Birthplace St. Louis Co. (City, town, or county) (State or foreign country) ()

14. Maiden name Rachael Luettich (State or foreign country) !!

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

16. (a) Informant Leonard Deuser

(b) Address 9112 Bonhomme - Clayton

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 9-28-44
(Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Evang. Lutheran

18. (a) Signature of funeral director Louis H. Bupp, Inc.

(b) Address Kirkwood, Mo.

19. (a) SEP 28 1944 (Date received local registrar) J. F. Bredich (Registrar's signature)

Immediate cause of death Coronary Sclerosis 2 1/2 yrs.

Due to Arteriosclerosis 2 years

Due to hypertension

Other conditions Cardiac Pathology 2 weeks
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy mw

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) (c) Means of injury _____

23. Signature J. W. Macdonald (M. D. number) _____
Address 5739 N. Grand Date signed 9-26-44

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

20
17
9

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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 Van M. Sizemore

Licensed Embalmer, No. 4343

P. O. Address 7415 Zephyr Pl.,
Maplewood, 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.