

FILED OCT 6 1944

Registration District No.

Primary Registration District No.

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:  
4525 Easton Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community Life (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. 4525 Easton Ave.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25th  
year 1944 hour 12 minute 58 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Thrombosis  
Cardiac Hypertrophy  
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?.....

(Specify type of place) While at work..... Means of injury.....

23. Signature Alfred Perry (M. D. or other)  
Address..... Date signed 9/27/44

3. (a) PRINT FULL NAME Fred R. Priese

3. (b) If veteran, name war No 3. (c) Social Security No. 43-046-8440

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

6. (b) Name of husband or wife Anna Priese 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 1, 1891  
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Jamestown, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Quality Leather Co.

12. Name Robert Priese

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

14. Maiden name Caroline Reddecker

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

16. (a) Informant Mrs. Anna Priese

(b) Address 4525 Easton Ave.

17. (a) Burial (b) Date thereof Sept. 28, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) SEP 27 1944 (b) J. F. Brudeck  
(Date received local Registrar) (Registrar's signature)

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

495

11/11

9/5

344

**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 A. Minar

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.**