

FILED NOV 22 1944 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9529

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:
3962 Delmar Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
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. 3962 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ferd Priester

3. (b) If veteran, name war _____ 3. (c) Social Security 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 Oct. 11, 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Fisherman

11. Industry or business _____

12. Name John Priester

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

14. Maiden name Amelia Veyrossatt

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

16. (a) Informant Lillie Emma Becker,

(b) Address 3962 Delmar Blvd.

17. (a) Burial (b) Date thereof 11/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) NOV 10 1944 (b) J. F. Bredeck
(Date received last Registrar's signature) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
year 1944 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10/15, 1944 to 11/7/44, 1944
that I last saw him alive on 11/6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death chronic nephritis
Due to arterosclerosis
Due to hypertension
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 121
Of autopsy _____

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? _____

23. Signature Chas. H. Ambruster, M.D.
While at work _____ (Specify type of case) (e) means of injury _____
(M. D. or other)
Address 3157a Park Ave. Date signed 11/8/44

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

MOTHER FATHER

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..... 1994
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.