S. No. 300
v. 10/48

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25558

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3062 Registrar's No. 1790

4001

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BRENTWOOD
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8222 MANCHESTER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BRENTWOOD 4511
d. STREET ADDRESS (If rural, give location) 8222 MANCHESTER

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) c. (Last) DEUSER

4. DATE OF DEATH (Month) (Day) (Year) 7 - 23 - 50

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH MAY 19 1880

9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (State or foreign country) ST. LOUIS COUNTY, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOMAS McGRATH

13b. MOTHER'S MAIDEN NAME KATHERINE

14. NAME OF HUSBAND OR WIFE WILLIAM DEUSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME WILLIAM DEUSER ADDRESS 8222 MANCHESTER

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cause unknown — INTERVAL BETWEEN ONSET AND DEATH unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 7955

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 7955

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Herbert R. Domke (Degree or title) Local Registrar of Vital Statistics

23b. ADDRESS 651 South Brentwood Boulevard

23c. DATE SIGNED 7/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 7-26-50

24c. NAME OF CEMETERY OR CREMATORY SAINT MONICA'S

24d. LOCATION (City, town, or county) (State) CREVE COEUR MISSOURI

DATE REC'D BY LOCAL REG. 7-25 50

REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE BAUMANN BROTHERS ADDRESS OVERLAND MO

(Licensed Embalmer's Statement on Reverse Side)

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

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 3454

.....,

working under my personal supervision.

Student Embalmer No.....

Signed David C. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland 14, 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.