No. 300
10.48

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 5062 Registrar's No. 1952

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): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8222 Manchester Avenue

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 51 4511
d. STREET ADDRESS (If rural, give location): 8222 Manchester Avenue 0

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Frederick
c. (Last): Deuser

4. DATE OF DEATH (Month) (Day) (Year): Aug. 12, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 27, 1873
9. AGE (In years last birthday): 77 — 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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Creve Coeur, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Phillip Deuser
13b. MOTHER'S MAIDEN NAME: Louise Muller
14. NAME OF HUSBAND OR WIFE: Mary Ded.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Elva Brengard 8222 Manchester Brentwood

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) Myocarditis chr c hypertrophy degeneration — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis general — 10 yrs (estimated)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4321

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4321
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* Apr 1, 1950, *to* Aug 12, 1950, *that I last saw the deceased alive on* Aug 12, 1950, *and that death occurred at* 10:26 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C H Eckelman M.D. 0
23b. ADDRESS: 2615 Brentwood Blvd.
23c. DATE SIGNED: Aug. 14, 1950.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 8-16-1950
24c. NAME OF CEMETERY OR CREMATORY: St. Monica Cemetery
24d. LOCATION (City, town, or county) (State): Creve Coeur, Mo.

DATE REC'D BY LOCAL REG.: 8-14-50
REGISTRAR'S SIGNATURE: Herbert L. Manly M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Baumann Bros Inc. 2501-Woodson Rd- Overland-14-Mo.
(Licensed Embalmer) (See Reverse Side)

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

Baumann Brentwood 4321
1 Death Certificate
N.W.

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

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 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.