

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39333**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **4464** Registrar's No. **2803**

4001

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Overland		c. CITY (If outside corporate limits, write RURAL and give township) Overland 4201	
c. LENGTH OF STAY (in this place) 7 yrs		d. STREET ADDRESS (If rural, give location) 8672-Argyle Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8672-Argyle Avenue			

3. NAME OF DECEASED (Type or Print) Fred Christian Deuser			4. DATE OF DEATH (Month) (Day) (Year) Nov. 19 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 5, 1873		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Hours Mins. 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Olivette, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Christian Deuser		13b. MOTHER'S MAIDEN NAME Johanna Dielmann		14. NAME OF HUSBAND OR WIFE Emilie J. Deuser	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Emilie J. Deuser ADDRESS 8672-Argyle Av Overland-14	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Termin al Pneumonia		ANTECEDENT CAUSES			2 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) apoplexy			4 days
		DUE TO (c) Arteriosclerosis			years
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Senile conditions			-334X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Jan 1 - 1948**, to **Nov. 19 - 1950**, that I last saw the deceased alive on **Nov. 18, 1950**, and that death occurred at **8:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray L. Walther Sr. - O. M. D.		23b. ADDRESS 2438 Woodson Rd		23c. DATE SIGNED 11-21-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-22-1950		24c. NAME OF CEMETERY OR CREMATORY Hiram Burial Park		24d. LOCATION (City, town, or county) (State) Creve Coeur, Mo.	
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DATE REC'D BY LOCAL REG. 11/21/50		REGISTRAR'S SIGNATURE Herbert P. Dombek M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thum Bros Brothers and Inc 2504 Woodson Rd - Overland-14 - Mo.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Oscar F. Mueller :

Licensed Embalmer No. 3039

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.