

No. 2
13-40
17-39
X29159

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1718

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LYDIA-K-DEUSER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 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 Jan 27 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired housekeeper

11. Industry or business _____

12. Name Philip Deuser 6

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

14. Maiden name Christina Klein

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

16. (a) Informant George J. Deuser

(b) Address 7535 Carondelet - Clayton - Mo.

17. (a) Burial (b) Date thereof 9-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Evangelical Cemetery

18. (a) Signature of funeral director Louis N. Bass, Inc

(b) Address 131-N. Ruffin St. St. Louis, Mo.

19. (a) SEP 10 1940 (b) [Signature]
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 7535 Carondelet
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9 year 1940 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from 9/5, 1940 to 9/9, 1940
that I last saw her alive on 9/9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thromboses

Due to _____

Due to 9/4/40

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

707 _____
(Specify type of place) While at work (e) Means of injury _____

23. Signature J. B. Stoeckel (M. D. or other) [Signature]

Address 129 1/2 Central, Clayton Date signed 9/10/40

WRITE PLAINLY—USE 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.....

Louis H Bopp....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Louis H Bopp*.....
Licensed Embalmer No.....*921*.....
P. O. Address.....*Kirkwood*.....

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.