

FILLED JUL 21 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4699**

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:
4343 Minnesota Ave./
(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 St. Louis
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 4343 Minnesota Ave.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
 year 1941 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from
March 7 1941 to June 4 1941
 that I last saw him alive on June 4 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
 Duration _____
 Due to arteriosclerosis
 Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 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?

While at work? _____
(Specify type of place)
 Means of injury: _____
 23. Signature Joseph E. Carney (M. D. or other) M.D.
 Address 525 7th St. St. Louis Date signed 6-5-41

3. (a) PRINT FULL NAME WILLIAM C. DUST

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive 53 yrs years

7. Birth date of deceased: May 4 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days -- If less than one day _____ hr. _____ min.

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

10. Usual occupation employment Manager

11. Industry or business Retired 6 yrs.

12. Name John C. Dust

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

14. Maiden name Agneid Terborg

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

16. (a) Informant Catherine Dust

(b) Address 4343 Minnesota Ave.

17. (a) Burial (b) Date thereof June 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director J. H. Gehrens, Sec. & Dir. Co.

(b) Address 2842 Meramec St.

19. (a) JUN 5 - 1941 (b) J. T. Bredek
(Date received local registrar) (Registrar's signature)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Herman A. Gebken*

Licensed Embalmer No. 2120

P. O. Address..... 2842 Meramec St.
..... St. Louis, 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.