

FILED NOV 16 1942
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town **ST. LOUIS, MISSOURI.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MISSOURI BAPTIST HOSPITAL.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI.** (b) County.....
(c) City or town **ST. LOUIS,**
(If outside city or town limits, write "RURAL")
(d) Street No. **#5807 CABANNE AVE.?**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **LOUISE PRIESMEYER.**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Divorced.**

6. (b) Name of husband or wife **Rutherford Priesmeyer.** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **Jan. 20th 1890**
(Month) (Day) (Year)

8. AGE: Years **52** Months **9** Days **17**
If less than one day hr. min.

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

10. Usual occupation **At home**

11. Industry or business

12. Name **Herman G. Ludwig.**

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

14. Maiden name **Minnie Krath.**

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

16. (a) Informant **R.A. Hallahan.**

(b) Address **5807 Cabanne Ave.,**

17. (a) **Cremation** (b) Date thereof **11/9/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Crematory.**

18. (a) Signature of funeral director **C.R. Lupton & Sons.**

(b) Address **#7233 Delmar Boulevard.**
NOV 9 1942

19. (a) (Date received local registrar) (b) **J.F. Bueck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov,** day **6th,**
year **1942.** hour **5:10** minute **P.** M.

21. I hereby certify that I attended the deceased from **8/24** to **Nov 6**, 19**42.**
that I last saw her alive on **NOV 6**, 19**42.**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of uterus**
Myosarcoma of uterus Duration **Indef**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations **Myosarcoma of uterus**

Of autopsy.....

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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **Voland Skupper** (M. D. **Ill.**)

Address **Lister Bldg** Date signed **11-7-42**

Dr R. S. Kleffer.
Laster Bld'g.,
FO: 3800.
HR'S: - 1 - 3.

0286

0286

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.....

Clarence H. Murray

Licensed Embalmer No.

4011

P. O. Address.....

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.