

FILED JUN 14 1943 18

Primary Registration District No. 1003

Registrar's No. 5229

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

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:  
**Lutheran Hospital 0**  
 (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.....  
 (c) City or town..... **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **3458 Williams Pl. Apt. 35**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **Fred C. Bethge**

3. (b) If veteran, name war **No** 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 **Anna Schaefer Bethge** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **October 14, 1871**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>71</b>	<b>7</b>	<b>19</b>	.....hr. ....min.

9. Birthplace **Carlyle Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Barber**

11. Industry or business

12. Name **Ferdinand Bethge**

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

14. Maiden name **Barbara Frees**

15. Birthplace **Carlyle Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna C. Bethge**

(b) Address **3458 Williams Pl.**

17. (a) **Burial** (b) Date thereof **6-7-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia Cemetery**

18. (a) Signature of funeral director **Stroot-Carroll**

(b) Address **4600 Natural Bridge Ave.**

19. (a) **JUN 7 1943** (b) **J. J. Bensch**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3**  
year **1943** hour **8** minute **P.** M.

21. I hereby certify that I attended the deceased from **Januar**  
**first** 19**43** to **June 3** 19**43**;  
that I last saw him alive on **June 3** 19**43**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Perforated peptic ulcer**

Due to.....

Due to.....

Other conditions **///**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

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?  
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **Pancusheim** (M. D. or other).....

Address **3458 Grand St.** Date signed **6-5-43**

000  
67  
9  
0

Duration  
**2 days**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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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

*Frank H. Stout*

Licensed Embalmer No. *2265*

P. O. Address

*4609th Bidg*

**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.