

FILED MAR 14 1945

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1897**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8525 Chruuch Rd. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Louis W. Deuser**

3. (b) If veteran, name was **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Stella M. Deuser nee Mueller** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **May 25, 1882**
(Month) (Day) (Year)

8. AGE: Years **62** Months **9** Days **30** If less than one day
3 hr. **30** min.

9. Birthplace **Strodtmann Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Grocery Prop.**

11. Industry or business.....

MOTHER FATHER { 12. Name **Phillip G. Deuser**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Louisa Mueller**
15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Doris Deuser**
(b) Address **8525 Church Rd.**

17. (a) **Burial** (b) Date thereof **2/28/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation **Oak Grove Mausoleum**

18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Fair Ave**

19. (a) **FEB 27 1945** (b) **J. F. Muesel**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **out**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **8525 Church Rd.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **24**
year **1945** hour **11:15** PM minute **470** M.

21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....

that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to **Coronary Thrombosis**

Due to **9/4 a**

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?

While at work..... (Specify type of place) (c) Means of injury **3**

23. Signature **Patrick E. Taylor** (M. D. or other) **2/28/45**
Address **W. J. Dow** Date signed

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 *Gustav W. Dauterle*
Licensed Embalmer No. *4329*
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.