

FILED NOV 7 1947

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10058**

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:
5210 Page Avenue
(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. **3131a Chippewa Street**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Caroline Preusser**

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 **Widowed**

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

7. Birth date of deceased **March 1st, 1875**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	7	28 hr. min.

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

10. Usual occupation **Home**

11. Industry or business.....

12. Name **Gottfried Mieger**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Roy E. Preusser**

(b) Address **3665 Wilmington, St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **11/1/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Wacker-Heldale U.S. Co.**

(b) Address **3634 Gravois St. Louis, Mo.**

19. (a) **OCT 31 1947** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **29th**
 year **1947** hour **4** minute **57** P. M.

21. I hereby certify that I attended the deceased from **4-26-46** to **10-29-47**
 that I last saw **W** alive on **10-29-47**
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of Left Breast metastasizing in Lung & Spleen
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: **Amputation of Left Breast in 1945**
 Of autopsy **710**

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) (e) Means of injury

23. Signature **J. C. Terje** (M.D. or other).....
 Address **4065-50 1/2nd St. St. Louis, Mo.**

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

MOTHER FATHER

~~1974~~

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 J. Ward*
Licensed Embalmer No..... *2645*
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.