

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22016**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3070		Registrar's No. 1417		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Webster Groves)		c. LENGTH OF STAY (in this place) 6 mo's		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 19				
d. FULL NAME OF HOSPITAL OR INSTITUTION 504 a Marshall Ave				d. STREET ADDRESS (If rural, give location) 504a Marshall Ave.				
3. NAME OF DECEASED (Type or Print) Charlie G. Duensing			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)		
6		14		'49				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 2, 1875		
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 4 Days 12		IF UNDER 4 HRS. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter retired			10b. KIND OF BUSINESS OR INDUSTRY Building			11. BIRTHPLACE (State or foreign country) Stewartson, Ill.		
12. CITIZEN OF WHAT COUNTRY? USA.			13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Emma Gluesenkamp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Clara Krauss, 504 Marshall Webster Groves				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Fibrillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Jan 1948 , to June 11, 1949 , that I last saw the deceased alive on June 2, 1949 , and that death occurred at 12:30 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS 5320 W. Big Bend		23c. DATE SIGNED 6/14/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/16/1949		24c. NAME OF CEMETERY OR CREMATORY St. Peters, Ill.		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. 6-15-49		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE elberg Fun' Home		ADDRESS Webster Groves, Mo.		

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

96
74

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.....

Student Embalmer No.

working under my personal supervision.

Signed

Robert M Murray

Signed.....

Student Embalmer

Licensed Embalmer No. *3749*

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.