No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7074

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 165

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CLAYTON
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY ST. LOUIS
c. CITY OR TOWN LA DUE #42
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 9827-CLAYTON RD

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) CARL c. (Last) Deuser

4. DATE OF DEATH (Month) 1 (Day) 18 (Year) 54

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify) MARRIED
8. DATE OF BIRTH JUNE 16-1886
9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUCTIONEER
10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED
11. BIRTHPLACE (City and State or Foreign Country) CLAYTON, MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN DEUSER
13b. MOTHER'S MAIDEN NAME RAECHEL LUEDLOFF
14. NAME OF HUSBAND OR WIFE KATHERINE E. DEUSER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME KATHERINE E. DEUSER ADDRESS 9827-CLAYTON RD. CLAYTON-24-MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — yrs.
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 331X
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-15, 1954, *to* 1-18, 1954, *that I last saw the deceased alive on* 1-18-, 1954 *and that death occurred at* 2:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Walter S. Hixon (Degree or title) MD
23b. ADDRESS 601 S Brentwood
23c. DATE SIGNED 1-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-20-54
24c. NAME OF CEMETERY OR CREMATORY Lake Charles Park
24d. LOCATION (City, town, or county) (State) Wellston, Mo.

DATE REC'D BY LOCAL REG. 1/19/54
REGISTRAR'S SIGNATURE Herbert R. Jonke, MD
25. FUNERAL DIRECTOR'S SIGNATURE Baumann Bros. Inc. ADDRESS 2504-Woodson Rd. Overland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 345

P. O. Address Oakland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.