

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-028250**

**FILED VS JUL 22 1960**

**318**

Primary Registration District No. **1003**

Registrar's No. **6797**

STATE FILE NUMBER

INDEXED

Son's Birth record, Norman Deuser  
 DOCUMENT Sept. 29, 1909, St. Louis, Mo.  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF Funeral Director

<b>1. PLACE OF DEATH</b> a. COUNTY				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in lb years		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>8447 Halls Ferry Road</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <b>8447 Halls Ferry Road</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Charles</b> Middle <b>P</b> Last <b>Deuser</b>				<b>4. DATE OF DEATH</b> Month <b>July</b> Day <b>5</b> Year <b>1960</b>					
<b>5. SEX</b> <b>male</b>		<b>6. COLOR OR RACE</b> <b>white</b>		<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>6-27-1879</b>		<b>9. AGE (last birthday)</b> <b>81</b>	
IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Owner - retired</b>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Retail Grocery store</b>	
<b>11. BIRTHPLACE</b> (City and state or country) <b>St. Louis Co., Mo.</b>				<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>					
<b>13a. FATHER'S NAME</b> <b>Philip Deuser</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Louise Miller</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Dorothea L. Deuser</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)   (If yes, give war or dates of service)			<b>16. SOCIAL SECURITY NO.</b> <b>498-38-0849</b>			<b>17. INFORMANT</b> Address <b>Mrs. Dorothea Deuser, 8447 Halls Ferry Rd</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Bladder - metastasis</b>								INTERVAL BETWEEN ONSET AND DEATH <b>11 mo</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>181.0</b> DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour a.m. p.m.		Month, Day, Year							
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY		STATE	
<b>21. I attended the deceased from</b> <b>Sept 1959</b> to <b>date</b> and last saw him <b>alive on 6/24/60</b> Death occurred at <b>1:45 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
<b>22a. SIGNATURE</b> <i>J.P. Beans M.D.</i> (Degree or title)				<b>22b. ADDRESS</b> <b>3720 Wash. Ave</b>				<b>22c. DATE SIGNED</b> <b>7/6</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>		<b>23b. DATE</b> <b>July 7, 1960</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Valhalla Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Missouri</b>			
<b>24. FUNERAL DIRECTOR</b> <b>Math Hermann &amp; Son, Inc., 2161 E. Fair Av</b>				<b>25. DATE RECD. BY LOCAL REG.</b> <b>JUL 6 1960</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>Karl Smith M.D.</i>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Allen W. King

Licensed Embalmer No. 3737

P. O. Address St. Louis

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

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