1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
OCT 16 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33560

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 1724

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Webster (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 424 Tuxedo Blvd. (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 Webster (If outside city or town limits, write "RURAL")

(d) Street No. 424 Tuxedo Blvd., (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Anna Huefe, 100

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 .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased October 19th, 1858 (Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business .....

FATHER
12. Name Gottlieb Wittler,
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Otis

(b) Address 424 Tuxedo Blvd.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4th, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Hy Leidner Mud Co

(b) Address 1417 N. Market Street.

19. (a) OCT 2 1939 (Date received local registrar) (b) R. R. Meyer Mildred (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day ~~1st~~ 2nd. year 1939 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 30, 1939, to Oct. 1st, 1939; that I last saw her alive on Oct. 1, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cerebral Hemorrhage	2 days
Due to	
Due to 8261	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature C. J. Vollmer MD (M. D. or other) MD

Address 53 W. Big Bend, Webster Groves, Mo. Date signed 10/2/39

(Licensed Embalmer's Statement on Reverse Side)

Wallmad 55 Mt. B. Ben
2-4-

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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

If this body is not embalmed, above space should be left blank.