

Registration District No. **1023**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **10411**

## 1. PLACE OF DEATH:

- (a) County 5  
**St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **732 Bittner St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) **39 Years**

3. (a) PRINT FULL NAME **Maria C. Hunstein** **523**

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 **Widow**  
6. (b) Name of husband or wife **Daniel Hunstein** 6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **July 4 1859**  
(Month) (Day) (Year)8. AGE: Years **80** Months **4** Days **28** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)10. Usual occupation **House Work**

11. Industry or business \_\_\_\_\_

12. Name **Mrs. Margaret Hammes**13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)14. Maiden name **Wilhelmina Stucker**15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Mrs. Margaret Haig**(b) Address **730 Bittner St.**17. (a) **Burial** (b) Date thereof **Dec. 6 1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **St. Johns Cemetery**18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **8319 Halls Ferry Rd.**19. (a) **DEC 5 1939** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County \_\_\_\_\_  
**St. Louis** **8**  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
**732 Bittner St.**  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

**Dec. 2**20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_  
year **1939** hour **11** minute **45** P. M.21. I hereby certify that I attended the deceased from **1925** to **DEC. 2, 1939**, 19\_\_\_\_;  
that I last saw h. ER alive on **DEC. 2, 1939**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.Immediate cause of death **DIABETIS MELLITUS** Duration **2 YRS.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **NONE**  
(Include pregnancy within 3 months of death)Major findings: **NO**  
Of operations \_\_\_\_\_Of autopsy **NO**22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **NO**

(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. A. Vanstrefan** (M. D. or other) \_\_\_\_\_Address **8313 HALLS FERRY RD. CITY** Date signed \_\_\_\_\_

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**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.....

*Arthur P. Dieckrich*  
.....

Licensed Embalmer No.....

*3556*

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