

Registration District No. 57Primary Registration District No. 3036Registrar's No. 55

1. PLACE OF DEATH:

- (a) County St Charles Mo
 (b) City or town St Charles Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St Joseph Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 hrs
 (Specify whether

In this community
years, months or days3. (a) PRINT FULL NAME Mary Hueffmeier

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased March 16 1941
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr 5 min9. Birthplace St Charles Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Harold H. Hueffmeier13. Birthplace Augusta Mo 0
(City, town, or county) (State or foreign country)14. Maiden name Lillian Schurman15. Birthplace Augusta Mo 0
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Harold H. Hueffmeier(b) Address Augusta Mo17. (a) Lillian Schurman (b) Date thereof Mar 17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Shelving Muschay(b) Address Augusta Mo 5719. (a) 3-16-41 (b) Blairance D. Heiser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County 9
 (c) City or town _____
 (If outside city or town limits, write "RURAL") 3
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16
year 1941 hour 6 minute 45 P.M.21. I hereby certify that I attended the deceased from Mar 16 1941 to Mar 16 1941;
that I last saw her alive on Mar 16 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Primate Birth
at 4 1/2 mo. gestation
Due to Causes under the headDue to SpontaneousOther conditions _____
(Include pregnancy within 3 months of death) 15 1/2Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Schurman (M. D. or other) 1
Address St. Charles Mo Date signed 3/15/41

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 *Alie Shulking*

Licensed Embalmer No. *3759*

P. O. Address *Augusta 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, above space should be left blank.

No. 2
-1-4-41
5-17-39
I X2639

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11849

Registration District No. 757 Primary Registration District No. 3036 Registrar's No.

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town St Charles
(c) Name of hospital or institution:
(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 Mo (b) County St Charles
(c) City or town St Charles
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Hueffmeier
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 16
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. Mar 16 - 1941
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
hr. min.

Immediate cause of death
Prenatal birth at 4 1/2 months gestation
Due to _____ Indetermined
Duration _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace _____ (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)
16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) June 7 - 1941 (b) Clarence B. Nessler
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. M. Tenpenny (M. D. or other) _____
Address St Charles Mo Date signed _____

SUPPLEMENT

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

MOTHER FATHER

11849

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.....

Licensed Embalmer No.....

P. O. Address.....

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.