

Registration District No. 784

Primary Registration District No. 2644

1. PLACE OF DEATH:

(a) County St. Louis County, Missouri
(b) City or town St. Louis County, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7323 Sutherland
(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 000
(c) City or town St. Louis County
(If outside city or town limits, write "RURAL") 11
(d) Street No. 4092 Burgen
(If rural, give location) 9
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1941 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from May 2, 1941, to May 7, 1941;
that I last saw her alive on May 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Duration ?

Due to Hypertension 7

Due to Myocarditis 7

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? _____

23. Signature John W. Burgen (M. D. or other) JWB
Address 3015 So Grand Date signed 7/8/41
While at work (Specify type of place) _____
(e) Means of injury _____

3. (a) PRINT FULL NAME Ann Huhmann

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased January 2, 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Theodore Klietherman

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. Dehholz

(b) Address 4092 Burgen

17. (a) Removal (b) Date thereof 5-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loose Creek, Mo.

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 12322 South Island Blvd

19. (a) MAY 9 1941 (b) [Signature]
(Date of local return) (Registrar's signature)

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

*Dr. J. Barger
Dickmann*

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..... *Virgil L. Berryman*.....

Licensed Embalmer No. *4018*

P. O. Address..... *St. Louis 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, fact should be so stated above.