

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. _____

1. PLACE OF DEATH:

(a) County 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:
5531 Milentz Ave.
(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 050
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 172
(d) Street No. 5531 Milentz Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha C. Huschke

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. Late George Huschke 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Sept. 10th 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Holstein 0 Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Fred Wehrmann

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

14. Maiden name Unknown

15. Birthplace Holstein 0 Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Paul Wehrman

(b) Address 5531 Milentz Ave.

17. (a) Removal (b) Date thereof 6-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Haven Mo.

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 24 1941 (b) J. T. Brueck (c) _____
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1941 hour _____ minute 5 30 A.M.

21. I hereby certify that I attended the deceased from June 23 to June 23 1941
that I last saw her alive on June 23 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Degeneration Duration 3da
caused by a cerebral hemorrhage 24hr
Other conditions (Include pregnancy within 3 months of death) Ref. file Chicago

Major findings: 93d
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 W. S. Sweeney (Specify type of place) _____
While at work? _____ (e) Means of injury _____
Address 1724 Grandway Date signed 6/24/41

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

MOTHER FATHER

4724
Nov. 14 56
Kauai
7-8³⁰ P.M.

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 *Edwin M. Herma*

Licensed Embalmer No. *3024*

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.