

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33583**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8541**

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: **3805 Wyoming St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **86 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Bertha Hueser**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **F.** / 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **W. 2**
6. (b) Name of husband or wife **Fred Hueser**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 27th., 1852**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 1 0 hr. _____ min.

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

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Oscar Seeler**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Dorothy Sule**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Henry Reim**
(b) Address **3805 Wyoming St.**

17. (a) **Burial** (b) Date thereof **10-29-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla**

18. (a) Signature of funeral director **Arthur Donnelly**
(b) Address **3849 Lindell Blvd.**

19. (a) **OCT 28 1941** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis** **17/6**
(If outside city or town limits, write "RURAL")
(d) Street No. **3805 Wyoming St.** **9**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **27th.**
year **1941** hour **6** minute **15 a.** M.

21. I hereby certify that I attended the deceased from **Aug. 1933**
to **Oct. 27, 1941**
that I last saw her alive on **Oct. 27, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chromocystoma** Duration _____

Due to **93d**
Due to _____

Other conditions **Arterial Sclerosis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **93d**
Of autopsy **no** 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?

While at work? _____ (Specify type of place)
(e) Means of injury **1**

23. Signature **D. R. Parman** (M. D. or other)
Address **3903 Olive St** Date signed **10/27/41**

(Licensed Embalmer's Statement on Reverse Side)

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

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 W Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.