

FILED SEP 1942

318

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. 7252

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3714 N. 21st  
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 926  
(If outside city or town limits, write "RURAL")

(d) Street No. 3714 N. 21st.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Anna Huetteman

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27  
year 1942 hour 11 minute 8 A.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Herman Huetteman

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

7. Birth date of deceased July - 9 - 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 17, 1942 to Aug 27, 1942  
that I last saw her alive on Aug. 26, 1942  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>1</u>	<u>18</u>	hr. min.

Immediate cause of death Coronary Thrombosis

Duration 2 days

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

10. Usual occupation At. Home

Due to Chronic Myocarditis  
General Arteriosclerosis

Due to.....

11. Industry or business.....

MOTHER FATHER { 12. Name Frederick Loxen

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

14. Maiden name Marie Tepe

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

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

16. (a) Informant Miss Clara Huetteman

(b) Address 3714 N. 21st.

17. (a) Burial (b) Date thereof Aug. 31, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

PHYSICIAN

Underline the cause to which death should be charged statistically.

(c) Place: burial or cremation New Bethlehem Cemetery Reiderwieden, F. Home Inc.

18. (a) Signature of funeral director .....

(b) Address 1936 St. Louis Ave

19. (a) AUG 31 1942 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

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?.....

844 (Licensed Embalmer's Statement on Reverse Side)

While at work?..... (Specify type of place)

(e) Means of injury D

23. Signature Arthur Swales (M. D. or other) M.D.

Address 2202 University Date signed 9/29/42

SEP 4 1942

Dr. Gundlach  
vs. University

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. *3737*

P. O. Address *1936 St. Louis Ave*

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.