

FILED OCT 14 1942

1003

Registration District No. 318

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Repaal Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community yes  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis Mo  
(c) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6422 N. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Virginia Milder Huecker

3. (b) If veteran, name war. 3. (c) Social Security No. 1

4. Sex Female 5. Color or race White 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 Sept 30 42  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Elmer Huecker

13. Birthplace St. Louis County Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Elva Zellweger

15. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Huecker

(b) Address 6422 N. Broadway

17. (a) Burial (b) Date thereof 10-23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Church

18. (a) Signature of funeral director Central Hol. Ch.

(b) Address 1841 Cass

19. (a) OCT 3 1942 (b) J. F. Brodeur  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 2 day  
year 1942 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept. 30 42 to Oct 2 1942  
that I last saw her alive on Oct. 2 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Congenital atelectasis of left lung  
Due to W  
Duration 2 days.

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

Major findings: Of operations W  
Of autopsy W  
PHYSICIAN W  
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) W  
(b) Date of occurrence W  
(c) Where did injury occur? (City or town) (County) (State) W  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? W

(Specify type of place) While at work W (e) Means of injury W  
23. Signature Henry G. Westerman MD (M. D. or other)  
Address 2136 East Grand Blvd Date signed Oct 3, 1942

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

MOTHER FATHER

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**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.

*Not embalmed* Signed *Central Va. Per Stygar*  
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.**