

Registration District No. 310

Primary Registration District No. 3058

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

1. PLACE OF DEATH:  
(a) County St. Charles  
(b) City or town St. Charles  
(c) Name of hospital or institution: 311 North Third St.  
(d) Length of stay: Lifetime  
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(d) Street No. 419 North Second St.  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Emma V. Hund  
(b) If veteran, name war No.  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 1 year 1943 hour 1 minute 30 A.M.

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased March 30 1874

21. I hereby certify that I attended the deceased from Feb 25 1943 to March 1 1943 that I last saw her alive on Feb 28 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
68 11 1

Immediate cause of death Influenza  
Duration 6 days

9. Birthplace St. Charles Mo.  
10. Usual occupation Housewife

Due to  
Due to  
Other conditions 330  
(Include pregnancy within 3 months of death)

11. Industry or business  
12. Name Bernard Fuerstein  
13. Birthplace France  
14. Maiden name Victoria Boschert  
15. Birthplace St. Charles Co., Mo.

Major findings: Of operations  
Of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant William Fuerstein  
(b) Address 311 N. Third, St. Charles, Mo.  
17. (a) Burial (b) Date thereof Mar. 3-1943  
(c) Place: burial or cremation St. Charles Borromeo Cem.  
18. (a) Signature of funeral director N.C. Dallmeier & Sons  
(b) Address 801 N. Second St. Charles, Mo.  
19. (a) 3-2-43 (b) Clarence G. Glesch

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?  
(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  
23. Signature T.P. Nardin (M. D. or other)  
Address St. Charles, Mo. Date signed 3-2-43

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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.

Signed *John E. Dallmeyer*.....

Licensed Embalmer No. *2957*.....

P. O. Address *St Charles 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.**