S. No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19709

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5761

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: ST. ANTHONY HOSP. (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

(c) City or town ST LOUIS. (If outside city or town limits, write "RURAL")

(d) Street No. 2833 S. 18th ST. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME BRIDGET HUELSMANN.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife AUGUST

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

7. Birth date of deceased Oct. (Month) 2 (Day) 1878 (Year)

8. AGE: Years 64 ~~65~~ Months 8 Days 20 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name WILLIAM BOLD
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY MOORE
15. Birthplace UNKNOWN. (City, town, or county) (State or foreign country)

16. (a) Informant Charles Huelsmann

(b) Address 2833 S. 18th.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Jun 26-43 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Jos. P. Fenelon

(b) Address 7628 Michigan

19. (a) JUN 24 1943 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 22 year 1943 hour 10 minute 2 A. M.

21. I hereby certify that I attended the deceased from June 1, 1943 to June 22, 1943 that I last saw her alive on June 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary infarct with post operative wk.

Due to Myocardial failure

Due to Cholecystitis, Cholelithiasis and Emphysema of Doll & Bladder few days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy as above

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature George A. O'Sullivan Jr. (M.D. or other)

Address 421 W. Scherwood Date signed 6/23/43

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Remington Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.