. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1943

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40045

Registrar's No. 11247

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:
5026 So. Grand Ave., /
(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, 9 15
(If outside city or town limits, write "RURAL")

(d) Street No. 5026 So. Grand Ave.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Anna Huelsing,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female,

5. Color or race White,

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

6. (b) Name of husband or wife Theodore,

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

7. Birth date of deceased November 18, 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
88	-0-	27	hr. min.

9. Birthplace (City, town, or county) Missouri, 0 (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name William Konert,
13. Birthplace Don't Know, 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know,
15. Birthplace Don't Know, 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Huelsing,
(b) Address 5026 So. Grand,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 12/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) DEC 16 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1943 hour 6: minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 20 — 43, 19..., to Dec 15, 1943
that I last saw her alive on Dec 15, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ac myocarditis	1 wk
Due to Ch. nephritis & Ch. arteriosclerosis	6 mo
Due to Pathological fract rt hip	2 mo
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) 10-1-1943

(b) Date of occurrence deceased's hip

(c) Where did injury occur? fractured, (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no accident (Specify type of place)

While at work? Cl. nephritis (e) Means of injury cause of death

23. Signature Dr W H Walters M.D. (M. D. or other)

Address 3608 S Grand Date signed 12/16/43

(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 Howard J. Rowland

Licensed Embalmer No. 2114

P. O. Address St Louis, 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.