

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40916**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11142**

**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:  
**3940 California Avenue /**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County.....  
 (c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3940 California Avenue**  
(If rural, give location)  
 (e) Citizen of foreign country? **No.**.....  
(Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **HENRY HUETHER**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Katie Huether** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased..... **December 19, 1869.**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **10** Days **24** If less than one day  
 hr. min.

9. Birthplace..... **Evansville, Ind.**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Yard-man**

11. Industry or business..... **Dont know**

**MOTHER FATHER**

12. Name..... **Dont know**

13. Birthplace..... **Dont know**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Dont know**

15. Birthplace..... **Dont know**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Katie Huether**  
 (b) Address..... **3940 California Ave.**

17. (a) **Burial** (b) Date thereof..... **12/15/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... **St. Paul Churehyard**

18. (a) Signature of funeral director..... **Helen-Bene Montary**  
 (b) Address..... **2842 Meramec Street**

19. (a) **DEC 15 1943** (b) **J. F. Bealock**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Dec.** day **13**  
 year **1943** hour **5** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **Dec. 10, 1943** to **Dec. 13, 1943**  
 that I last saw h. i. m. alive on **Dec. 13, 1943**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia**

Due to **Influenza -**

Other conditions..... **3 3 1**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....

Duration  
**3 D.**

**1 W.K.**

**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?

While at work?.....  
(Specify type of place) (c) Means of injury

23. Signature **Darwin J. Johnson** (M. D. or other) **M.D.**  
 Address **2801 Chippewa** Date signed **12-14-43**

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

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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.....

*V. M. Morris*

Licensed Embalmer No. 3360

P. O. Address St. Louis Co., 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.**