

FILED JAN 21 1946
318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County **ST Louis**
(b) City or town **6605 Watson RD.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Lutheran Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Emma Huber

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **F**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife

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

7. Birth date of deceased **May 18 1865**
(Month) (Day) (Year)

8. AGE:

80

Years

Months

7

Days

22

If less than one day

hr.

min.

9. Birthplace

Breeze Ill.

(City, town, or county)

(State or foreign country)

10. Usual occupation

House Wife

11. Industry or business

MOTHER FATHER

12. Name

Geo Sell.

13. Birthplace

Germany

(City, town, or county)

(State or foreign country)

14. Maiden name

Not Known

15. Birthplace

Not Known

(City, town, or county)

(State or foreign country)

16. (a) Informant

Bettie Speih.

(b) Address

5200 Lindenwood

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

Jan 12 1946

(Month) (Day) (Year)

(c) Place: burial or cremation

Old S. S. Peter & Paul

18. (a) Signature of funeral director

Schumacher Und Co

(b) Address

3013 Meramec St.

19. (a)

JAN 11 1946

(Date received local registrar)

(b)

[Signature]

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **ST. LOUIS**
(c) City or town **6605 Watson Rd**
(If outside city or town limits, write "RURAL")
(d) Street No. **6605 Watson Rd**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **9**
year **1946** hour **4** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Nov. 15 1946** to **JAN. 9 1946**
that I last saw **h. ER** alive on **JAN. 8 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial failure**
Chronic Myoc

Duration **3 wks**

Due to

Senility

Due to

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)
(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

[Signature] (M. D. or other) **M.D.**

Address **2632 S. Kingshighway**

Date signed **1/10/46**

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

2629

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..... *Francis Williamson*

Licensed Embalmer No. *3565*

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.