

7. S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7576

FILED MAR 1 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. _____

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 50 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME EMMA HUNING
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 Married
6. (b) Name of husband or wife Frank Huning
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased February 25 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 23 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Rudolph Borgmann

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louise Koch
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Huning

(b) Address 4770 St. Louis Ave.

17. (a) Burial (b) Date thereof Feb 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beaufort, Missouri

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1836 St. Louis Ave.

19. (a) FEB 20 1946 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

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. 4770 St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18
year 1946 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-31-1946 to 2-18-1946
that I last saw her alive on 2-18-1946
and that death occurred on the date and hour stated above.

Immediate cause of death
general peritonitis
complicating
operation for strangulated
mesenteric hernia
Duration 2 days
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: peritonitis
Of operations: peritonitis
Of autopsy: not done
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)
(e) Means of injury _____
23. Signature J. W. Morgan (M. D. or other) _____
Address 4952 W. Myrtle Date signed 2/19/46

(Licensed Embalmer's Statement on Reverse Side)

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

6526

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..... *Delix J. Krispin*

Licensed Embalmer No. *3497*

P. O. Address. *1936 St. Louis Ave*

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.