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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11253

FILED MAR 13 1946

Primary Registration District No. 1003

Registrar's No. 2169

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8960 HALLS FERRY RD.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether)

In this community 20 Yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 200

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 817

(d) Street No. 8960 HALLS FERRY RD. (If rural, give location) 9

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SARIE HUESTED

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7 year 1946 hour 12 45 minute 7 P. M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife WILLIAM HUESTED

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

7. Birth date of deceased JUNE 21 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 9 1945 to 3 2 1946

that I last saw her alive on 3 1 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 8 Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Enlargement

Due to Arteriosclerosis

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

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation HOUSE WIFE

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name ANDREW ADAMS

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

14. Maiden name ALICE MOYER

15. Birthplace PENNSYLVANIA (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Alice Albers

(b) Address 8519 Park Lane

17. (a) BURIAL (b) Date thereof MARCH 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS CEMETERY

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Diedrich F. Homel

(b) Address 8319 Halls Ferry Rd.

19. (a) MAR 5 1946 (b) J. F. Beck
(Date received local registrar) (Registrar's signature)

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

Address 5201 N. Malvern Date signed 3/4/46

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..... *Arthur P. Friedrich*

Licensed Embalmer No. *3556*

P. O. Address..... *St. Louis*

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.