

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

FILED MAY 27 1946
318

Registration District No. _____ Primary Registration District No. **1003**

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:
2801a Wisconsin /
(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

3. (a) PRINT FULL NAME Peter Huebschen

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 Sophie

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. 1 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>4</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Peter Huebschen

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Yeckel

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Sophie Huebschen

(b) Address 2801a Wisconsin Ave.

17. (a) Burial (b) Date thereof 5/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director Wacker-Heidule

(b) Address 3634 Gravois Ave.

19. (a) MAY 15 1946 (b) J. J. Suedek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County STO

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

(d) Street No. 2801a Wisconsin
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1946 hour 11 minute 40P M.

21. I hereby certify that I attended the deceased from 3-12-44
19____ to 5-13 1946
that I last saw him alive on 5-13
and that death occurred on the date and hour stated above.

Immediate cause of death aplastic anaemia

Due to arterio sclerosis

Due to degeneration of life

Other conditions hypertension of heart
(Include pregnancy within 3 months of death)

Major findings of operations _____

Of autopsy JK

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 H. R. Luckey M. D. or other _____
Address 5816 Smith Date signed 5/14/46

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..... *Robert C. Wheeler*
Licensed Embalmer No. *2178*
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.