

No. 2  
M-5-43  
y. 5-17-39  
P I X38671

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

FILED JUL 22 1946  
318

State File No. 25369  
Registrar's No. 6120

Registration District No. Primary Registration District No. 1003

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

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:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
In this community Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3907 Lexington Ave.  
(If rural, give location) 109  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry W. Huelsebush  
3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 10th  
year 1946 hour 10:45 minute P. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hosephine Huelsebush alive 71 years  
6. (c) Age of husband or wife if \_\_\_\_\_  
7. Birth date of deceased February 25, 1870.  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
June 22/46, 19\_\_\_\_, to July 10/46, 19\_\_\_\_;  
that I last saw him alive on July 10/46, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
76 4 15 hr. \_\_\_\_\_ min.

Immediate cause of death Complete A.V. Heart Block Duration 1 Mo.  
Due to Cardio-Vascular Hypertension Sclerosis Several Years  
Due to \_\_\_\_\_

9. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Furniture Worker.  
11. Industry or business Furniture  
12. Name Henry Huelsebush  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Vasel  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

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.

16. (a) Informant Mrs. Josephine Huelsebush  
(b) Address 3907 Lexington Ave.  
17. (a) Burial (b) Date thereof July 13, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cemetery  
18. (a) Signature of funeral director Calvin F. Feutz Funeral Home  
(b) Address 4828 Natural Bridge Blvd.  
19. (a) JUL 11 1946 (b) J. J. Beckert  
(Date received local registrar) (Registrar's signature)

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?  
\_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. L. Marder (M. D. or other)  
Address 3155 N. Vandeventer Ave. Date signed 7/11/46

3155 N. Vandeventer  
1-3 PM

**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.....

*John A. Helms*

Licensed Embalmer No. *4186*

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.**