

S. No. 2
M-5-43
7. 5-17-39
P I X36671

FILED AUG 15 1946
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STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. **6578**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town _____
(c) Name of hospital or institution:
Luth. Altenheim 8721 Hallferry Rd
(d) Length of stay: In hospital or institution Yrs.
In this community 70 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis
(d) Street No. 8721 HALLSFERRY RD.
(e) Citizen of foreign country? =

3. (a) PRINT FULL NAME CATHERINE HUESEMANN
3. (b) If veteran, name war. =
3. (c) Social Security No. =

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 24
year 1946 hour 7 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept 1
1942 to July 24 1946
that I last saw her alive on July 23 1946
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE!
6. (c) Age of husband or wife if alive = years
7. Birth date of deceased Oct. 11 1855

Immediate cause of death
chronic myocarditis Duration 5 yrs
Due to _____
Due to _____
Other conditions Arterio-sclerosis 15 yrs?
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
90 9 13 hr. min.

9. Birthplace POMEROY OHIO
10. Usual occupation Nil

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name ERNEST HUESEMANN
13. Birthplace UNKNOWN
14. Maiden name MARGARET UNKNOWN
15. Birthplace _____

16. (a) Informant Mr. Lorenz
(b) Address Luth. Altenheim - 8721 Hallferry
17. (a) BURIAL (b) Date thereof 7-27-46
(c) Place: burial or cremation CONCORDIA

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director St. Louis, Mo
(b) Address JUL 28 1946
19. (a) (b) J. F. Brebeck

(Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature Edw. Arnold (M. D. or other) M.D.
Address 1449 M^c Laran Date signed 7/26/46

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

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.....

Delis J. Krispin

Licensed Embalmer No..... *3497*

P. O. Address..... *1936 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.