

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31295

State File No. _____

FILED SEP 30 1946

Registrar's No. 1829

Registration District No. 2

Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town Kirkwood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
U.S. Marine Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 62 da
(Specify whether years, months or days)
 In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Kirkwood
(If outside city or town limits, write "RURAL.")
 (d) Street No. 343 Frieda Ave.
(If rural, give location)
 (e) Citizen of foreign country? X (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME

Joyce Louise Huebner

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased: February 14 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 7 0
 hr. min.

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

10. Usual occupation X

11. Industry or business X

12. Name Charles Huebner

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

14. Maiden name Luella Hessemann

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

16. (a) Informant Hospital clinical records

(b) Address U.S. Marine Hospital, Kirkwood, Mo

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

(c) Place: burial or cremation METHODIST CEM. BALLWIN, MO

18. (a) Signature of funeral director SPRINGER FUNERAL HOME

(b) Address BALLWIN, MO

19. (a) 9-16-46 (b) Ruth L. Green
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14th
 year 1946 hour 2:35 minute P.M.

21. I hereby certify that I attended the deceased from July 14
1946 to Sept. 14th, 1946;
 that I last saw her alive on Sept. 14th, 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bronchial
 Duration 24 hrs
 Due to Aplastic Anemia 107 3 mos.

Due to _____
 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.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) X
 (b) Date of occurrence X
 (c) Where did injury occur? X
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? X

While at work? X (Specify type of place)
 (e) Means of injury X
 23. Signature Carl N. Rally (M. D. or other) 9/14/46
 Address U.S. Marine Hospt. Kirkwood, Mo. Date signed _____

J. L. James, Surgeon, USPHS, Medical Officer in Temp. Charge.
 WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Theo. Schradw

..... Licensed Embalmer No. *3066*

..... P. O. Address *Dallurn, Md.*

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.