S. No. 2
M—2-43
v. 5-17-39
I X35697

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

34788

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 3072

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Rural - Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Vincents San O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 20 mos. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis

(c) City or town: Kirkwood (If outside city or town limits, write "RURAL")

(d) Street No.: 454 N. Harrison Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Emma Hutzfeld

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive: —

7. Birth date of deceased: 3 (Month) 8 (Day) 1862 (Year)

8. AGE: Years 84 Months 7 Days 5 If less than one day hr. min.

9. Birthplace: St. Louis, Mo. (City, town, or county) U (State or foreign country)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Fred Hutzfeld
13. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Mr. A. W. Eggers
(b) Address: 454 N. Harrison Ave - Kirkwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 18 46 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Burial Park

18. (a) Signature of funeral director: Louis N. Bopp & Sons
(b) Address: Kirkwood, Mo.

19. (a) 10-19-46 (Date received local registrar) (b) Ruth Fallen (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16 year 1946 hour 9:35 minute P.M.

21. I hereby certify that I attended the deceased from Dec 10 1945, 19__, to Oct 16, 1946 that I last saw h. alive on Oct 16, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Psychosis — Duration
Bronchopneumonia, terminal.

Due to: 83 b

Due to:

Other conditions (Include pregnancy within 3 months of death): Hemiplegia, left due to cerebral thrombosis,

Major findings: Of operations: Atherosclerosis, Generalized

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): —

(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: S R Banet (M. D. or other) MD

Address: 7300 St. Chas. Rock Road Date signed: 10-16-46

(Licensed Embalmer's Statement on Reverse Side)

Bopp Funeral Home
131 W Argonne Dr.
Kirkwood, Mo.

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 Peter B. Dubroullet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights

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.