

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF REGISTRATION
FILED APR 23 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15207**
Registrar's No. **3681**

Registration District No. _____ Primary Registration District No. **10**

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

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: Christian Hospital
 (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 August H. Huettemann

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 Anna Huettemann **6. (c) Age of husband or wife if** 60
 alive _____ years

7. Birth date of deceased. March 30 1879
 (Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>68</u> | <u>0</u> | <u>7</u> | hr. _____ min. _____ |

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

10. Usual occupation Chemical Worker

11. Industry or business _____

12. Name Unknown

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

14. Maiden name _____

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

16. (a) Informant Anna Huettemann
 (b) Address 4526 Natural Bridge Ave.

17. (a) Burial (b) Date thereof 4/10/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Stroot-Carroll
 (b) Address 4600 Natural Bridge Ave.

19. (a) APR 7 1947 (Date received from Registrar) J. F. Breda (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4526 Natural Bridge Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
 year 1947 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from 3-24- 1947 to 4-7- 1947
 that I last saw him alive on 4-6- 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Cardiac Dilatation

Due to Myocarditis, Chronic

Due to Arteriosclerosis, General

Other conditions Uremia
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: None
 Of operations _____
 Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) None
 (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 Nicholas Stitale (M. D. or other) MD
 Address 3861 St. Louis Ave. Date signed 4/12/47

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 *Ben Hoffman*.....

Licensed Embalmer No. *4366*.....

P. O. Address *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.