

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 5 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5300**

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:  
**3845 Wyoming**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community **Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3845 Wyoming St.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **George Ernst Huether**

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 **Lena Huether**

6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **February 28 1868**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **27** year **1947** hour **12** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Dec 1 1940** to **May 27 1947**  
and that death occurred on the date and hour stated above **May 27 1947**

Immediate cause of death **Coronary atherosclerosis**  
Duration \_\_\_\_\_

8. AGE:

Years	Months	Days	If less than one day
<b>79</b>	<b>3</b>	<b>29</b>	hr. _____ min. _____

Due to **Chronic myocarditis**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **93**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Nil**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Lena Huether**

(b) Address **3845 Wyoming**

17. (a) **Burial** (b) Date thereof **May 30 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn Cemetery C. Hormeister Colonial Mortuary**

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address **6464 Chippewa St.**

19. (a) **MAY 28 1947** (b) **J. F. Bredek**  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (Means of injury)

23. Signature **Martin J. Glaser** (M. D. or \_\_\_\_\_)  
Address **506 Oak St.** Date signed **5-27-47**

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

Dr. Martin J. Glaser  
11:00 to 1:30 PM

*506 Olive*

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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... *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address... *7814 S Broadway*

**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.**