

FILED AUG 4 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

Registrar's No. 1602

1. PLACE OF DEATH:  
 (a) County St Louis  
 (b) City or town BALLWIN  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Pine Crest Homes #  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Year  
 (Specify whether \_\_\_\_\_)  
 In this community 58 Years  
 years, months or days)

3. (a) PRINT FULL NAME Elizabeth Huhhe  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced 2  
 6. (b) Name of husband or wife Max 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: June 7, 1869  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>1</u>	<u>19</u>	hr. min.

9. Birthplace Dresden Germany #  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER {  
 12. Name Unknown Lungwitz  
 13. Birthplace Unknown Germany #  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown Germany #  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Kort Pfabe  
 (b) Address 6212 Winona

17. (a) Burial (b) Date thereof July 29, 1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New St. Marcus Cemetery

18. (c) Signature of funeral director Reiderwieden F.H. Inc.,  
 (b) Address 1936 St. Louis Avenue  
 19. (a) 2-29-47 (b) Coala J. Shap  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis 96  
 (c) City or town Ballwin, Missouri  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Pinecrest Nursing Home  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 7 day 26  
 year 1947 hour 8 minute 17 P.M.  
 21. I hereby certify that I attended the deceased from May 17  
 1947 to July 26 1947.  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Semibdy, chorea Duration \_\_\_\_\_  
myocarditis  
 Due to generalized arteriosclerosis  
93R  
 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) \_\_\_\_\_  
 (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 A. L. Murbler m.p. (M. D. or \_\_\_\_\_)  
 Address 1507 Polome Date signed 7-28-47

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

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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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*Allen W. Katz*

Licensed Embalmer No. ....

*3737*

P. O. Address.....

*1926 St. Louis Ave.*

**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.**