FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29150

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 7557

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 The City Infirmary Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-11-45 To (Specify whether years, months or days)

In this community 8-8-47

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. 508 Chestnut Street (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harriet Huelick

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 9 (Day), 1861 (Year)

8. AGE: Years 86 | Months 4 | Days 29 | If less than one day hr. min.

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

10. Usual occupation ? None

11. Industry or business

FATHER

12. Name ? Unknown

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

MOTHER

14. Maiden name ? Unknown

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

16. (a) Informant The City Infirmary Records

(b) Address 5800 Arsenal Street

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/11/47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster Inc.

(b) Address 6633 Clayton Road

19. (a) AUG 10 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8, year 1947 hour P minute 55 P.M.

21. I hereby certify that I attended the deceased from September 16, 1945 to August 8, 1947, that I last saw her alive on August 8, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Pyelonephritis

Due to Cystitis

Due to Septicemia 3 days

Due to

Other conditions (Include pregnancy within 3 months of death) Ovarian tumor

Major findings: Non-malignant

Operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. Schwarz (M.D. or other)

Address 5700 Arsenal Date signed 8-8-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis

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.