

No. 2
5-43
5-17-39
X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2652
511
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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:
3852 Sullivan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Emilie A. Huss
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph R.
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Dec. 9 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 8 If less than one day hr. min.

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

11. Industry or business Home
12. Name Charles Fattmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Eva M. Eydman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph R. Huss
(b) Address 3852 Sullivan
17. (a) Burial (b) Date thereof 1/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd
19. (a) JAN 19 1948 (Date received by Registrar)
J. F. Pruden (Registrar's signature)

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. 3852 Sullivan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 17
year 1948 hour 12 minute 00 P. M.
21. I hereby certify that I attended the deceased from September 15th 1947 to January 17th 1948.
that I last saw her alive on January 17th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of breast, rt.
Atherosclerosis, generalized
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
50

PHYSICIAN
Major findings:
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:
(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 J. Russell Saffler (M. D. or other) M.D.
Address Pleasant Bldg. 3700 Washington St. St. Louis, Mo. Date signed Jan 17 1948

aupferheide
1570 a fair

7:00 - 7:30

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 *Albert Mayfield*
Licensed Embalmer No. *3077*

P. O. Address.....

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.