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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 7392

Registration District No. 367 Primary Registration District No. 6076 Registrar's No. 558

**1. PLACE OF DEATH:**

(a) County ST. LOUIS

(b) City or town PINELAWN (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4110 Jennings Rd (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) 18 YEARS

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town PINELAWN 96 (If outside city or town limits, write "RURAL")

(d) Street No. 4110 JENNINGS ROAD (If rural, give location)

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

If yes, name country ..... 0

3. (a) PRINT FULL NAME EDWARD HUELSEKOETTER

3. (b) If veteran, name war —

3. (c) Social Security 500-26-6000

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife NORA HUELSEKOETTER

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

7. Birth date of deceased AUG-4-1873 (Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace ST. LOUIS - MO (City, town, or county) (State or foreign country)

10. Usual occupation PAINTER

11. Industry or business .....

FATHER
12. Name AUGUST HUELSEKOTTER
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elvira Otto

(b) Address 4110 Jennings Rd

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEM

18. (a) Signature of funeral director L. B. Tanner

(b) Address 6107 Natural Bridge

19. (a) 3-1-48 (Date received local registrar) (b) Carl J. Shaw MD (Registrar's signature) MSC

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 26 year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 20, 1948, to Feb 26, 1948, that I last saw him alive on Feb 26, 1948, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death apoplexy right | 6 days |
| Due to generalized arteriosclerosis | many years |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 83a | |

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Joseph Magidson (M. D. or other) MD

Address 520 Wright Date signed 2-28-48

(Licensed Embalmer's Statement on Reverse Side)

## 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 John S. Donnelly

Licensed Embalmer No. 4194

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.**