

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3574
Registrar's No. 01135

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6576

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 23		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 23,	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) 849 Zeiss Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 849 Zeiss Ave.		d. STREET ADDRESS (If rural, give location) 849 Zeiss Ave.	
3. NAME OF DECEASED a. (First) Theresia b. (Middle) M. c. (Last) Huelsing			4. DATE OF DEATH (Month) (Day) (Year) 1 20 49
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 13, 1860
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months 2 Days 7	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Hanover, Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Bernard Lampe	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Henry Huelsing	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME 849 Zeiss
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cor. Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Dehydration</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 93d	
INTERVAL BETWEEN ONSET AND DEATH 3 hours 3 years		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 42nd		21. HOW DID INJURY OCCUR?
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from <u>March 25, 1946</u> to <u>Jan. 20, 1949</u> , that I last saw the deceased alive on <u>Jan. 20, 1949</u> , and that death occurred at <u>10:25 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>3606 Travis</u>	23c. DATE SIGNED <u>1/21/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/24/49	24c. NAME OF CEMETERY OR CREMATORY Mount Olive	24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.
DATE REC'D BY LOCAL REG. 1-21-49	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co., 7420 Michigan Ave. ADDRESS	

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

96

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Weinstberg, William
Grand & Son

3606 Gramin, 2-4

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3360

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.