

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13490

State File No.

No. 300
10-48

310

3058

Registrar's No. 87

 4293
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) Life time		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles			
d. FULL NAME OF HOSPITAL OR INSTITUTION 524 Jefferson Street				d. STREET ADDRESS (If rural, give location) 524 Jefferson Street			
3. NAME OF DECEASED (Type or Print) a. (First) Erwin		b. (Middle) C.		c. (Last) Hucker		4. DATE OF DEATH (Month) (Day) (Year) April 29 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 12-1898	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman		10b. KIND OF BUSINESS OR INDUSTRY Electrical Eng.-U.S. Engineers		11. BIRTHPLACE (State or foreign country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME August Hucker		13b. MOTHER'S MAIDEN NAME Caroline Seibert		14. NAME OF HUSBAND OR WIFE Marie (Chrismer) Hucker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. (If yes, give war or dates of service) 494-24-2081		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marie Hucker-St. Charles, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Arterio sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4500				INTERVAL BETWEEN ONSET AND DEATH 10 min. 5 yr.	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Acc.		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"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Apr. 29 1949 to Apr 29 , 1949 that I last saw the deceased alive on Apr 29, 1949 and that death occurred at 8:10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. O. Erich Schurz M.D.				23b. ADDRESS St. Charles Mo.		23c. DATE SIGNED 5/2/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 3-1949		24c. NAME OF CEMETERY OR CREMATORY St. Charles Borromeo		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri	
DATE REC'D BY LOCAL REG. 5-4-49		REGISTRAR'S SIGNATURE Frank Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Dallmeyer & Sons Co 800 N. 2nd-St. Charles, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 10 1949

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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Joseph F. Landolt

Licensed Embalmer No. 4189

P. O. Address St. Charles Mo

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.