

FILED JAN 17 1951

REGULAR CERTIFICATE OF DEATH

43891

State File No. _____

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>3157</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester, Mo.</u>		c. LENGTH OF STAY (In this place) <u>4yrs 3 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chesterfield</u>		<u>4740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Homes</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED a. (First) <u>Marie</u> (Type or Print)			b. (Middle) _____			c. (Last) <u>Huebner</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>27</u>		(Year) <u>50</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 14, 1864</u>	
9. AGE (In years last birthday) <u>86</u>		# UNDER 1 YEAR <u>6</u>		# UNDER 1 YEAR <u>13</u>		# UNDER 1000 Hours <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H. WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Baden Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA German</u>				13a. FATHER'S NAME <u>VALENTINE MAHLER</u>			
13b. MOTHER'S MAIDEN NAME <u>CAROLINE HECH</u>				14. NAME OF HUSBAND OR WIFE <u>John Huebner</u>			
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. <u>2084</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pine Crest Homes, Ballwin, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</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>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		_____					<u>15 yrs</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. DATE OF OPERATION _____					
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4222</u>			
22. I hereby certify that I attended the deceased from <u>6-1</u> 19 <u>50</u> , to <u>12/27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/24</u> , 19 <u>50</u> , and that death occurred at <u>5:45A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. A. Heslie MD</u> (Degree or title)				23b. ADDRESS <u>Parkwood, Mo</u>		23c. DATE SIGNED <u>12/27/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 29, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/28/50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donda MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home, Ballwin, Mo.</u> ADDRESS _____			

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
J. Schrader
Signed.....
Licensed Embalmer No. *3066*
P. O. Address *Ballwin, 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.