

FILED AUG 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 24767

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6990

1. PLACE OF DEATH a. COUNTY /			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) 9 TOWN St. Louis 2999	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5326 North Broadway			f. STREET ADDRESS (If rural, give location) 5326 North Broadway 0		
3. NAME OF DECEASED a. (First) Margarethe (Type or Print)		b. (Middle) Huber		c. (Last)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Sept. 17, 1866	
9. AGE (In years last birthday) 84			IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.
11. BIRTHPLACE (State or foreign country) Germany			12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Christian Deuchert		13b. MOTHER'S MAIDEN NAME Sidonia Ruppel		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Lena Huber, 5326 N. Broadway	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertensive Heart Disease		?	
		DUE TO (c) Generalized Atherosclerosis		?	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 443X	
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) 3:15 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug, 19 48 to Aug, 19 51, that I last saw the deceased alive on 3 Aug, 1951, and that death occurred at 1:55 P. m., from the causes and on the date stated above.

23a. SIGNATURE Clarence B. Mueller M.D.		(Degree or title)		23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED Aug 5, '51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 6, 1951.		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 8066		REGISTRAR'S SIGNATURE J. B. Lavater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc, 2161 E. Faie Ave.			

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

0669

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 Alford G Burnley

Licensed Embalmer No. 4862

P. O. Address St Louis 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.