

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38533

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 210	
1. PLACE OF DEATH a. COUNTY <b>St Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Charles</b>		c. LENGTH OF STAY (In this place) <b>18 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Charles</b>		<b>0923</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>320 Lindenwood</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertha</b>		b. (Middle) <b>L</b>		c. (Last) <b>Huning</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 6 1951</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 21 1901</b>		9. AGE (In years last birthday) <b>50</b> # UNDER 1 YEAR: Months _____ Days _____ # UNDER 1 WEEK: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Alma Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>August Schaefer</b>			13b. MOTHER'S MAIDEN NAME <b>Louise Gieselmann</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Huning</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frank Huning 320 Lindenwood</b>			
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) <b>Cerebral hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>			<b>10 years</b>
				DUE TO (c) _____			
				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 <b>331X</b>				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) _____			
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?			
22. I hereby certify that I attended the deceased from <b>12-23-49</b> to <b>11-6-</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>11-6</b> , 19 <b>51</b> , and that death occurred at <b>10 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <i>W. L. Lawrence</i>				23b. ADDRESS <b>114 N. Main St. St. Charles</b>		23c. DATE SIGNED <b>11-9-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 9 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Charles Mo.</b>		
DATE REC'D BY LOCAL REG. <b>11-9-51</b>		REGISTRAR'S SIGNATURE <i>Frank Huning</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wachmann - Pine St Charles Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

23

RECEIVED

NOV 11 1951

DISTRICT HEALTH OFFICE No. 4

File No.

NOV 29 1951

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

*Frederic W. Bane*

Licensed Embalmer No.

4607

P. O. Address

*St. Charles, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.