

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11405**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **305**

1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Riverview Village</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Riverview Village</b> <b>4010</b>	
c. LENGTH OF STAY (in this place) <b>Unknown</b>		d. STREET ADDRESS (If rural, give location) <b>504 Chambers Road, 15.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>504 Chambers Road, 15.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Esther</b> b. (Middle) <b>Naomi</b> c. (Last) <b>Hulseweh</b>			4. DATE (Month) (Day) (Year) OF DEATH <b>Feb. 3rd, 1952</b>		
--	--	--	---	--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 31st, 1896</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hour   Min.
----------------------	-------------------------------	---	---	---	----------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Ova Home</b>	11. BIRTHPLACE (State or foreign country) <b>Saint Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	--	---

13a. FATHER'S NAME <b>John Roysten Bryant</b>	13b. MOTHER'S MAIDEN NAME <b>Lillian (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Theodore Hulseweh</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Theodore Hulseweh</b>	ADDRESS <b>504 Chambers Road, 15.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>My Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive cardiovascular disease 2 yrs</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>	

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) <input type="checkbox"/>	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) (Min.)	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 **Feb 1950**, 19\_\_\_\_, to **Feb 3, 1952**, that I last saw the deceased alive on **Jan 12**, 1952, and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Conrad T. Rouse M.D.</b> (Degree or title)	23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>2/4/52</b>
--	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>2/6/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>
--	-------------------------	--	--

DATE REC'D BY LOCAL REG. <b>2-5-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Domb, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz</b>	ADDRESS <b>4828 Natural Bridge Blvd.</b>
--	--	---	--

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 Reph. C. Linders

Licensed Embalmer No. 4225

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.