

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **18772**

No. 300  
19.48

FILED JUN 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1430**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <b>St. Louis</b>	b. CITY (If outside corporate limits, write RURAL and give town) <b>Clayton</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>St. Louis</b>
c. LENGTH OF STAY (In this place) <b>1 HOUR</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jennings</b> <b>4138</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>County Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2055 Wedgewood Drive</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>CONRAD</b>	b. (Middle) <b>H.</b>	c. (Last) <b>HUELSMAN</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 30, 1952</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 4, 1888</b>	<b>9. AGE</b> (In years last birthday) <b>64</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Elevator Operator</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Globe-Democrat</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Libori, Illinois</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Engelberth Huelmsan</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Christina Jansen</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Anna Huelmsan</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Anna Huelmsan</b>	<b>ADDRESS</b> <b>2055 Wedgewood</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Internal injuries - struck by an automobile operated by an unknown party which failed to stop.</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT</b> (Specify) <b>HOMICIDE</b> <input checked="" type="checkbox"/> <b>Accident</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <b>Jennings</b>	<b>(COUNTY)</b> <b>St. Louis</b> <b>(STATE)</b> <b>Mo.</b>
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<b>21d. TIME OF INJURY</b> <b>5/30/52 6:38<sup>A</sup></b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>Blunt impact</b>
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Conrad Huelmsan</i>	<b>23b. ADDRESS</b> <b>601 S. Brentwood Clayton</b>	<b>23c. DATE SIGNED</b> <b>6-3-52</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>June 3, 1952</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>6-2-52</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Herbert R. Donke</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>W. A. Stock</b>	<b>ADDRESS</b> <b>2117 E. Grand Blvd.</b>
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*S.W.* (Licensed Embalmer's Statement on Reverse Side)

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

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

*J. W. M. Embury*

Licensed Embalmer No.

*3653*

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.