

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3261**
Registrar's No. **1116**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 3261		Registrar's No. 1116	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI				c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston 4311			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				d. STREET ADDRESS (If rural, give location) 6220 Plymouth Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) THEODORE b. (Middle) _____ c. (Last) HUISSEN			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 30, 1953						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 24 1879	9. AGE (In years last birthday) 73	10. MONTHS 7	11. DAYS 4	12. HOURS 1	13. MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Master of working life, even if retired		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Theodore Huissen			13b. MOTHER'S MAIDEN NAME Dont Know			14. NAME OF HUSBAND OR WIFE Anna Huissen Dec.			
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. Dont Know		17. INFORMANT'S SIGNATURE OR NAME Orville Fleek ADDRESS 6220 Plymouth Ave					
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) Adenocarcinoma of stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 1/16/53		19b. MAJOR FINDINGS OF OPERATION Carcinomatous involvement of all of stomach, omentum + mesenteric						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, other 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? 151X							
22. I hereby certify that I attended the deceased from 1-4-53 , 19____, to 1-30-53 , 19____, that I last saw the deceased alive on 1-30-53 , 19____, and that death occurred at 12:25Am. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Alan S. Holtz, MD.				23b. ADDRESS 1515 Lafayette Avenue			23c. DATE SIGNED 1-30-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/2/53		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. JAN 30 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.				

WRITE PLAINLY—USING UNFAADING 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 Alfred J. Boedecker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament

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.