

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3263**

FILED FEB 11 1953

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 1121
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 town) Saint Louis		c. LENGTH OF STAY (in this place or township) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) 4170
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent De Paul Hosp.		d. STREET ADDRESS (If rural, give location) 5315 Gladstone Place		
3. NAME OF DECEASED (Type or Print) a. (First) Ferdinand		b. (Middle) M	c. (Last) Huntebrinker	4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11, 1877	9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 4 DAY 18 IF UNDER 24 HRS. Hours 18 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY OWN		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Huntebrinker		
13b. MOTHER'S MAIDEN NAME Elizabeth Moellering		14. NAME OF HUSBAND OR WIFE Carrie (nee Steinkamp)		
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie Duvall, St. Louis, Mo. ADDRESS
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) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis Cordis - Venosae Disease		15 yrs.
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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 42211
22. I hereby certify that I attended the deceased from MAR. 1939 , to JAN. 29, 1953 , that I last saw the deceased alive on JAN. 28, 1953 and that death occurred at 5:25 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Charles Walter M.D.		23b. ADDRESS 4020 N. Florissant		23c. DATE SIGNED 1/29/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 1, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
24d. LOCATION (City, town, or county) (State) Saint Charles, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE W.C. Dellinger ADDRESS Sen. St. Charles, Mo.		
DATE REC'D BY LOCAL REG. JAN 30 1953		REGISTRAR'S SIGNATURE J. C. Smith		

(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 Frank R. Amalson
Licensed Embalmer No. 4832
P. O. Address St. Charles, 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.