

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

16629

State File No.

DECEASED **MAY 9 1953** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1233**

4000
 1

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

1. PLACE OF DEATH a. COUNTY St Louis		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 Affton		c. LENGTH OF STAY (In this place) 3 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7640 Rock Hill Road		c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN Affton 4820	
		d. STREET ADDRESS (If rural, give location) 7640 Rock Hill Rd	
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Maria c. (Last) Hunicke			4. DATE OF DEATH (Month) (Day) (Year) 4-30-1953
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH October 18, 1860
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Jefferson County, Missouri
13a. FATHER'S NAME Christian Brenn		13b. MOTHER'S MAIDEN NAME Catherine Erb	14. NAME OF HUSBAND OR WIFE Theodore John Hunicke
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 ADDRESS Mrs Matilda Rasch 7640 Rock Hill, Affton, Mo
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis Chronic DUE TO (c) Cerebral Arteriosclerosis 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 153X	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 9-45a , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9-45a m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Victor Reese M.D.		23b. ADDRESS 120 E Lockwood	23c. DATE SIGNED 5/1/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-2-1953	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St Louis County, Missouri
DATE REC'D BY LOCAL REG. 5-1-53	REGISTRAR'S SIGNATURE Herbert R. Domb	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFMEISTER COLONIAL MORTUARY 6640 Chippewa St. St Louis, Missouri	

(Licensed Embalmers' Statement on Reverse Side)

Dr Victor Reese
120 E Lockwood
RE 2218

7th 10th to Home

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 Harry J. Schumaker

Licensed Embalmer No. 2679

P. O. Address 7874 S. Broadway

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.