

**STANDARD CERTIFICATE OF DEATH**

**34395**

State File No. ....

**FILED OCT 2 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2428

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> c. LENGTH OF STAY (in this place) <u>65 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8069 Teasdale Ave.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 4370</u> d. STREET ADDRESS (If rural, give location) <u>8069 Teasdale Ave.</u>	
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<b>3. NAME OF DECEASED</b> a. (First) <u>LOUIS</u> b. (Middle) <u>E.</u> c. (Last) <u>HUESEMANN</u> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Sept. 11, 1953</u>			
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>May 15, 1890</u>	<b>9. AGE</b> (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Accountant</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Medicine Mfg.</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>August Huesemann</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna Brueggemann</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lois Behrens Huesemann</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>WORLD WAR I</u>	<b>16. SOCIAL SECURITY NO.</b> <u>489-09-9473</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. Lois Huesemann, 8069 Teasdale Ave. U.C.</u>	
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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>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>arteriosclerosis</u> 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>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 mo.</u>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from June, 1945, to Sept 11, 1953, that I last saw the deceased alive on 9-11, 1953, and that death occurred at 3:30 P.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>W. J. Nichols M.D.</u>	<b>23b. ADDRESS</b> <u>608 Kingsdale</u>	<b>23c. DATE SIGNED</b> <u>9-12-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Sept. 14, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Concordia Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>9/12/53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Heber R. Smith M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Beiderwieden F.H. Inc., 1936 St. Louis Ave.</u>	
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J.S. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. George J. Fuchs

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  \_\_\_\_\_

Licensed Embalmer No. 4520

P. O. Address St. Louis

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.