

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

45364

State File No. 12165

 FILED JAN 19 1954
 BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY /		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) d. CITY OR TOWN St. Louis e. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 339 Christian Ave.,		e. STREET ADDRESS (If rural, give location) 339 Christian Ave., 2089	
3. NAME OF DECEASED (Type or Print) a. (First) Maria Huebner b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) December 24th, 1953	
5. SEX female /	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH October 18th 1864
9. AGE (In years and birthday) 89		# UNDER 1 YEAR Months	# UNDER 1 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	11. BIRTHPLACE (City and State or Foreign Country) Germany 4
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Randolt	
13b. MOTHER'S MAIDEN NAME Elenore Heim		14. NAME OF HUSBAND OR WIFE John Huebner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Elgah M. Faszold, 750 Ponce		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Encephal ANTECEDENT CAUSES (b) Arthritis, Intercostal Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 4201			
22. I hereby certify that I attended the deceased from Dec. 20, 1953, to Dec. 24, 1953, that I last saw the deceased alive on Dec 22, 1953 and that death occurred at 8:15 pm., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm A. Thayer MD		23b. ADDRESS 8201 N Broadway	
23c. DATE SIGNED 12-25-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec 28th, 1953	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. DEC 26 1953		REGISTRAR'S SIGNATURE J.E. Smith	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Diederich Funeral Home, 8319 Hallsferry	

(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.....
Signature of Student Embalmer

Signed *John J. Haines*.....

Licensed Embalmer No. *4108*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.