No. 300
10.48

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

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6352

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2189

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3I27 St. Vincent

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2177
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo.
d. STREET ADDRESS (If rural, give location): 17 3I27 St. Vincent

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) W. c. (Last) Huppert
4. DATE OF DEATH (Month) (Day) (Year): Mar 8 I954
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 22 I873
9. AGE (In years last birthday): 8I — IF UNDER 1 YEAR: Months, Days — IF UNDER 1 HR.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman Intl Shoe Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Murphusboro Ill
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Adolph Huppert
13b. MOTHER'S MAIDEN NAME: Lena Ebersohl
14. NAME OF HUSBAND OR WIFE: Mary)(Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mary Huppert 3I27 St Vincent

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

4500

22. *I hereby certify that I attended the deceased from* Jan, 195[illegible], *to* March 8, 195[illegible], *that I last saw the deceased alive on* March 19 [illegible] *and that death occurred at* 8.30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. A. Kunzli (Degree or title) MD
23b. ADDRESS: 7800 Chippewa
23c. DATE SIGNED: 3/4/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/11/54
24c. NAME OF CEMETERY OR CREMATORY: Laurel Hills Cem.
24d. LOCATION (City, town, or county) (State): St. Louis Co Mo.

DATE REC'D BY LOCAL REG.: MAR 9 1954
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Wm. Schumacher 30I3 Meramec

(Licensed Embalmer's Statement on Reverse Side)

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 Jack Haupt

Licensed Embalmer No. 4746

P. O. Address Atlanta 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.