

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

1003

State File No. 43689  
Registrar's No. 11356

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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) 50 YRS		c. CITY OR TOWN ST. LOUIS		d. 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: 3521 VISTA AVENUE				18 STREET ADDRESS (If rural, give location) 3521 VISTA AVENUE 2189 0			
3. NAME OF DECEASED (Type or Print) a. (First) Bertha			b. (Middle) M.		c. (Last) Huchzemeyer (also: Huchzermeier)		4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 11, 1954
5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH APRIL 28, 1887		9. AGE (In years last birthday) 67	10. UNDER 1 YEAR Months	11. UNDER 2 YRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE WORKER (RETIRED)		10b. KIND OF BUSINESS OR INDUSTRY SHOE MFG.		11. BIRTHPLACE (City and State or Foreign Country) CENTRALIA, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME WILLIAM HUCHZERMEIER			13b. MOTHER'S MAIDEN NAME HENRIETTA NIEDRINGHAUS		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 493-05-4803A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ARTHUR HUCHZERMEIER 4151a Botanical Avenue			
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: Hypertension - Antecedent Causes: 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.				INTERVAL BETWEEN ONSET AND 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 410X			
22. I hereby certify that I attended the deceased from June 18, 1954, to Dec 11, 1954, that I last saw the deceased alive on 2-11, 1954, and that death occurred at 8:30 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Paul M. D.				23b. ADDRESS 1446 So. Grand		23c. DATE SIGNED 12-13-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12-14-54	24c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI		
DATE REC'D BY LOCAL REG. DEC 13 1954		REGISTRAR'S SIGNATURE Paul Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. 1936 ST. LOUIS AVENUE			

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

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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 \_\_\_\_\_  


Licensed Embalmer No. 452

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.