

FILED JUL 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20664**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 548		Registrar's No. 1409					
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY E							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES		c. LENGTH OF STAY (In this place) 79 DAY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2029					
d. FULL NAME OF HOSPITAL OR INSTITUTION GLENWOOD SANITORIUM				d. STREET ADDRESS (If rural, give location) 5926 FINKMAN 1							
3. NAME OF DECEASED (Type or Print) MARY			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH JUNE 18 1955			a. (Month)		b. (Day)		c. (Year)				
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH JUNE 3, 1885		9. AGE (In years last birthday) 70			
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 (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME James Reed			13b. MOTHER'S MAIDEN NAME UNK. Maughton			14. NAME OF HUSBAND OR WIFE Frank A. Hueser 9-Deceased).					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mr Frank R. Hueser, 5551 Norway Drive.				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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC ARREST ANTECEDENT CAUSES ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE 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 CHRONIC BRAIN SYNDROME Conditions contributing to the death but not related to the disease or condition causing death. ASSOC. C CEREBRAL ARTERIOSCLEROSIS				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?							
22. I hereby certify that I attended the deceased from 31 MARCH, 1955 , to 17 JUNE, 1955 , that I last saw the deceased alive on 17 JUNE, 1955 , and that death occurred at 3:30 P.m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Edwin H. Schmidt, M.D.				23b. ADDRESS 1300 GRANT RD WEBSTER GROVES				23c. DATE SIGNED June 17 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-22-1955		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) St. Louis County, Mo.					
DATE REC'D BY LOCAL REG. 6/21/55		REGISTRAR'S SIGNATURE Wesley P. Donke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son Inc.		ADDRESS 2161 E. Fair Ave.					

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. _____

P. O. Address _____

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.