

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42206**
Registrar's No. **10731**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10731			
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, MO.			c. LENGTH OF STAY (In this place) 11 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 LUTHERAN ALTENHEIM				8. STREET ADDRESS (If rural, give location) 8721 HALLS FERRY ROAD				2086	
3. NAME OF DECEASED (Type or Print) MARIE			a. (First)		b. (Middle)		c. (Last) HUEBNER		
4. DATE OF DEATH		(Month) DECEMBER		(Day) 6,		(Year) 1955			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH FEB. 28, 1872			
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 9		Days 8		IF UNDER 12 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) Ergangen, Bavaria, GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHANN HILPERT			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE GUSTAV			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME LUTHERAN ALTENHEIM			
ADDRESS 8721 HALLS FERRY									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis		ANTECEDENT CAUSES						20 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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. Cholelithiasis -						5 yrs	
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) _____		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 1948 , to Dec 5, 1955 , that I last saw the deceased alive on Dec 3, 1955 , and that death occurred at 2:00 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE John P. Francis (Degree or title) M.D.				23b. ADDRESS 8209 E. Broadway				23c. DATE SIGNED 12/6/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 8, 1955		24c. NAME OF CEMETERY OR CREMATORY CONCORDIA CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.			
DATE REC'D BY LOCAL REG. DEC 7 1955		REGISTRAR'S SIGNATURE Charles Smith				25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC. ADDRESS 1936 ST. LOUIS, AVE			

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 _____

Licensed Embalmer No. 75
P. O. Address Laurel

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.