Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003803
STATE FILE NUMBER

FILED FEB 16 1959 Registration District No. 317 Primary Registration District No. 574 Registrar's No. 410

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kirkwood 22, — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph's Hosp. — Length of stay in Hospital 3 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood 4673 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 843 Lockett Rd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: PAULINE Middle: MARIE Last: HUENNEKE

4. DATE OF DEATH Month Feb. Day 10 Year 1959

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Feb. 9, 1888

9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 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 None

11. BIRTHPLACE (City and state or country) Buffalo, N.Y.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Gerhardt Schless

13b. MOTHER'S MAIDEN NAME Elizabeth Poorten

14. NAME OF HUSBAND OR WIFE Joseph Huenneke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 492-05-0425D

17. INFORMANT Gerald Huenneke — Address Kirkwood, Mo. 843 Lockett Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Myocardial Infarction	[illegible]
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	7 yrs.
DUE TO (c)	Diabetes Mellitus	unknown.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 26CX

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 16 Dec. 58, to 10 Feb. 59 and last saw her alive on 2-10-59.
Death occurred at 10:31 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. N. Barnett M.D. (Degree or title)

22b. ADDRESS 10424 Manchester. Kirkwood, 22, Mo.

22c. DATE SIGNED 2-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Feb. 13, 1959

23c. NAME OF CEMETERY OR CREMATORY St. Peters Cem.

23d. LOCATION (City, town, or county) (State) Kirkwood 22, Missouri

24. FUNERAL DIRECTOR — ADDRESS Pfitzinger Mort-Kirkwood 22, Mo.

25. DATE RECD. BY LOCAL REG. 2-12-59

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.