

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023017

STATE FILE NUMBER

25443

FILED JUN 18 1959

Registration District No. Primary Registration District No.

Registered 2 days

S. 300

v. 1-57

195

CORRECTED
 No symbols will be used.
 BY: 1. AFFIDAVIT OF JUDICIAL SWEARS
 2. DOCUMENT BY: 3. CLERICAL COMM. SWEARS
 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7706 Michigan</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>7706 Michigan</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ethel Cassie Huppert</u>			4. DATE OF DEATH Month Day Year <u>June 6 1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 8 1891</u> Aug. 9 1890
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Chattanooga Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Barlow</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Neal</u>	
14. NAME OF HUSBAND OR WIFE <u>Otto Huppert</u>		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. <u>490-03-2127</u>		17. INFORMANT <u>Otto Huppert</u> Address <u>7706 Michigan</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Diabetes Mellitus</u> CONDITIONS WHICH GOVERNED THE CAUSE (b) <u>Fracture of Ribs 3 on Rt.</u> DUE TO (c) <u>904.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>21</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>fall at home 5/6/59 - invalid for years</u>		20c. TIME OF INJURY Hour a.m. p.m. <u>5-6-59</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	
20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>		20g. COUNTY <u>Mo.</u>	
20h. STATE <u>Mo.</u>		21. I attended the deceased from <u>5-7-59</u> to <u>5-28-59</u> and last saw her alive on <u>5/28/59</u> Death occurred at <u>9 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>John A. Hartwig MD</u> (Degree or title)		22b. ADDRESS <u>2807 N. Grand Blvd.</u>	
22c. DATE SIGNED <u>6/8/59</u>		23a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>June 10 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>	
23d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo</u>		24. FUNERAL DIRECTOR <u>Witt Bro. & Co 2929 S. Jefferson</u> ADDRESS	
25. DATE RECD. BY LOCAL REG. <u>JUN 8 '59</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u> <u>m d s</u>	

DR. Hartwick

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 Herbert J. Gau, Jr.

Licensed Embalmer No. 4820

P. O. Address Kidwood, La., 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.