

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6018

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED JUL 7 1961**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4142 Alma Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN St. Louis Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 4142 Alma. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
Anni Huetter June 27, 1961

5. SEX female 6. COLOR OR RACE white 7. Married  Never Married   
 Widowed  Divorced  8. DATE OF BIRTH Aug. 14, 1906 9. AGE (last birthday) 54  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress 10b. KIND OF BUSINESS OR INDUSTRY Grandleader 11. BIRTHPLACE (City and state or country) Germany 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Unk. Stephans 13b. MOTHER'S MAIDEN NAME Dora Unk. 14. NAME OF HUSBAND OR WIFE Joseph F. Huetter

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. Unk. 17. INFORMANT St. Louis, Mo. Joseph F. Huetter 4142 Alma

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Arteriosclerotic heart disease  
 DUE TO (b) Diabetes mellitus  
 DUE TO (c) 260x  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

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 Jan 7 to June 28 and last saw her/him alive on June 28  
 Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph Berg (Degree or title) \_\_\_\_\_ 22b. ADDRESS 3203 S. Gray 22c. DATE SIGNED 6/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 6-30-61 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home 6322 S. Grand St. Louis, Mo. 25. DATE RECD. BY LOCAL REG. JUN 28 1961 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

Dr Ralph Berg  
3203 S. Grand

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 David Van Fossan

Licensed Embalmer No. 4202

P. O. Address Si Lorenzino 2no

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.