

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-035317

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2566

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 18 1961

1. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Lemay** Length of stay in lb **4 yrs.**

c. CITY OR TOWN **Lemay** Inside Limits **Yes** No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **2723 Hawson Drive** Inside Limits **Yes** No

d. STREET ADDRESS (If outside, give location) **2723 Hawson Drive** Reside on Farm **Yes** No

3. NAME OF DECEASED (Type or print) First **Joseph** Middle **J.** Last **Huelsmann** 4. DATE OF DEATH Month **September** Day **10** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **7-20-1886** 9. AGE (last birthday) **75**

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Trucker Retired** 10b. KIND OF BUSINESS OR INDUSTRY **Hauling** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U S A**

13a. FATHER'S NAME **Jacob Huelsmann** 13b. MOTHER'S MAIDEN NAME **Unknown Beckmann** 14. NAME OF HUSBAND OR WIFE **Lydia**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT Address **Doris Podgorny 2623 Hawson Dr. Lemay, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Senility**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cerebral Arteriosclerosis**
 DUE TO (c) **Arteriosclerosis generalized**
 INTERVAL BETWEEN ONSET AND DEATH **6 mos. 5 yrs 15 yrs**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Surgical Absence of both Lower Extremities**

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.) **334X**

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 **July 1, 1957** to **Sept 10, 1961** and last saw her/him alive on **Aug 29, 1961**
 Death occurred at **8-30 A.M.** m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) **Joseph B. Grubel** 22b. ADDRESS **16 Hampton Valley** 22c. DATE SIGNED **9/11/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **9-13-1961** 23c. NAME OF CEMETERY OR CREMATION **Friedens Cemetery** 23d. LOCATION (City, town, or county) (State) **8900 N. Broadway**

24. FUNERAL DIRECTOR ADDRESS **C. Hoffmeister Mortuaries 7814 S. Broadway** 25. DATE RECD. BY LOCAL REG. **9-11-61** 26. REGISTRAR'S SIGNATURE **John C. Murphy M.D.**

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 Lewis C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Bee

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.