

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. **701** Primary Registration District No. _____

1. PLACE OF DEATH: **1003**
(a) County _____
(b) City or town **St. Louis, Missouri**
(c) Name of hospital or institution: **6332 Garesbhe Ave**
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **1**
(c) City or town **St. Louis**
(d) Street No. **6332 Garesbhe Avenue**
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Mary Huebner**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **XXXX**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **21st** year **1939** hour **9** minute **5 P.M.**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Michael Huebner**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 8, 1865**

21. I hereby certify that I attended the deceased from **Sept 1, 1939, to Dec 21, 1939**, that I last saw her alive on **Dec 16, 1939** and that death occurred on the date and hour stated above.

8. AGE: Years **74** Months **56** Days **1328** If less than one day _____ hr. _____ min.

Immediate cause of death **Coronary Thrombosis** Duration **4 hrs**

9. Birthplace **Germany**
10. Usual occupation **Housewife**

Due to _____
Due to _____
Other conditions **Chronic Myocarditis**
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name **Bernard Meier**
13. Birthplace **Germany**
14. Maiden name **Louise Maier**
15. Birthplace **Germany**

Major findings: _____
Of operations _____
Of autopsy _____

16. (a) Informant's own signature **A B Huebner**
(b) Address **7441 Overbrook Dr**
17. (a) **Burial** (b) Date thereof **12/23/39**
(c) Place: burial or cremation **Bethlehem Cemetery**
18. (a) Signature of funeral director **Rayen Van Der, Inc**
(b) Address **3402 No. Kingshighway**
19. (a) **DEC 22 1939** (b) _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____
23. Signature **Arthur H. Jost** (M. D. or other) **M.D.**
Address **1901 Madison St** Date signed **12/23/39**

JUL 31 1947

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Albert W. Kapp

Licensed Embalmer No.....

1861

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 this body is not embalmed, above space should be left blank.