FILED MAY 8 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16099

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 749

1. PLACE OF DEATH

(a) County Dr Louis

(b) City or town ~~St. Louis~~ Rich Hgts (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ Days (Specify whether

In this community 48 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 0 (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3511 Utah Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Miss Laonie K. Huelsmann 425

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 20, 1891 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	7	23	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At. Home 0

11. Industry or business 0

FATHER
12. Name John Henry Huelsmann
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Rosa H. Mayer
15. Birthplace Kimmswick, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature John Henry Huelsmann

(b) Address 3511 Utah Street

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Apr. 17-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetary

18. (a) Signature of funeral director Biederwieden Funeral Home Inc.

(b) Address 1936 St. Louis Ave.

19. (a) APR 17 1940 (Date received local registrar) (b) R. Mayer M.D. Dr. Ph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th year 1940 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 25, 1925, to April 13, 1940, that I last saw her alive on April 13, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Occlusion	1 wk
Due to	
Due to 92	
Other conditions (Include pregnancy within 3 months of death): Mitral + Aortic Stenosis	20 yrs
Coronary Occlusion Old	

Major findings:
Of operations
Of autopsy See Above.

PHYSICIAN

Underline the cause to which death should be charged statistically

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. Lee Shrader (M. D. ~~or other~~)

Address 3720 Washington Blvd Date signed 4-16-40

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr E. [illegible]
372[illegible]

Je 5100

12:30 Tues.
at Desloge Hosp.
Vista St Entrance

Gr. 7600

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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