

FILED SEP 10 1942 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4916 Sutherland Ave./
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
 (c) City or town St. Louis 14 17
 (If outside city or town limits, write "RURAL") 7
 (d) Street No. 4916 Sutherland Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME Louise Huerter
 3. (b) If veteran, name war. None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st
 year 1942 hour 4 minute P.M. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Late Joseph Huerter 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Nov. 28th 1867
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 12 1942 to Sept 1 1942
 that I last saw h. er... alive on Aug 14 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 9 4 hr. min.

Immediate cause of death Coronary Thrombosis
 Due to.....
 Due to.....

9. Birthplace St. Louis Mo. 0
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) Hypertension
 Major findings: None
 Of operations None
 Of autopsy None

11. Industry or business.....
 12. Name August Buttiger
 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Johanna Weiners
 15. Birthplace Hanover Germany 4
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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?
 While at work?..... (Specify type of place)
 Means of injury.....

16. (a) Informant William J. Huerter
 (b) Address 4916 Sutherland Ave.
 17. (a) Burial (b) Date thereof 9-5-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New St. Marcus Cem.

23. Signature J. T. Bredeck (M. D. 0)
 Address 3258 Lafayette Date signed Sept 2-42

18. (a) Signature of funeral director Kriegshauser Mortuary
 (b) Address 4228 So. Kingshighway Blvd.
 19. (a) SEP 3 1942 (Date received local registrar)
J. T. Bredeck (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Duration
1 yr
2 yrs
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

3258
9-12
deposited via

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 *Edwin J. McDonald*

Licensed Embalmer No. *3024*

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, fact should be so stated above.