

FILED NOV 1 1943

State File No. _____

Registration District No. **318**

Primary Registration District No. **1005**

Registrar's No. **9407**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's Hospital
(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 _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL.")
(d) Street No. **5511 Holly Hills Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Adele C. Huemmler**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **John B. Huemmler** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **Oct. 8th 1898**
(Month) (Day) (Year)

8. AGE: Years **45** Months **0** Days **16** If less than one day _____ hr. _____ min.

9. Birthplace **Centralia Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **C. Henry Busse** 13. Birthplace **Germany**

14. Maiden name **Christine Koenman** 15. Birthplace **Germany**

16. (a) Informant **John B. Huemmler**
(b) Address **5511 Holly Hills Ave.**

17. (a) **Burial** (b) Date thereof **10-27-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Peter & Paul**

18. (a) Signature of funeral director **Kriegshauser Mortuaris**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **OCT 26 1943** (b) **J. Z. Budek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **24th**
year **1943** hour **1:55** minute **A.M.**

21. I hereby certify that I attended the deceased from **Jan 12 1943** to **Oct 23 1943**
that I last saw him alive on **Oct 23 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **General Carcinomatosis**

Due to **Carcinoma of breast - high**

Due to **Carcinoma "Rt 1yr?"**

Other conditions **Intestinal obstruction**
(Include pregnancy within 3 months of death) **10 days**

Major findings: **General carcinomatosis**

Of operations _____

Of autopsy **H-1**

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **J. P. Vanhook** (M. D. or other) **MD**

Address **634 No. Graded** Date signed **10-25-43**

Duration

3 weeks

6 weeks

1 yr?

10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

no. 11-1 (Siddig)

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 Richard W. Stowers
Licensed Embalmer No. 4007
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.