

FILED JUN 30 1946
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5014

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(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

3. (a) PRINT FULL NAME KATHERINE HUEPPNER

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

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Andrew Hueppner
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 6, 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER {
12. Name Unknown
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar C. Hueppner
(b) Address 1412 Salisbury St.

17. (a) Burial (b) Date thereof 6/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) (Date received by registrar) 1946 (b) (Registrar's signature) J. P. Bredbeck

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
Memorial 1412 Salisbury St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1946 hour 12:20 minute P M.

21. I hereby certify that I attended the deceased from 5/27/46
19 to 6/3/46 19
that I last saw her alive on 6/3/46 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular Accident (with Duration) (with)
Due to Hypertensive Cardio-Vascular Dis? Yes

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

Major findings: Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of injury)
Signature John B. Stewart
Address _____ Date signed 6/9/46

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

20732

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 *Gustav W. Dietrich*.....

Licensed Embalmer No. *4329*.....

P. O. Address *St. Louis, Mo*.....

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.