

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 788
 Township _____ Primary Registration District No. 4471
 City Webster Groves (No. 424 Tuxedo Blvd Webster Grove St.) _____ Ward _____

File No. 41443
 Registered No. 111

2. FULL NAME George L Huefe

(a) Residence, No. 424 Tuxedo Blvd _____ St., _____ Ward _____
 (Usual place of abode) Webster Grove (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Huefe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 - 1851
 7. AGE YEARS 81 MONTHS 1 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired carpenter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Anna Huefe (ADDRESS) 424 Tuxedo Blvd Webster Grove

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Dec 3 1932

19. UNDERTAKER H. J. Leidner and Co (ADDRESS) 1117 N. Market St

20. FILED 12/2 1932 Dr. J. W. Westrup Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22 1932, to Dec 1 1932
 Last saw him alive on Nov 29 1932 Death is said to have occurred on the date stated above, at 3:35 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Arteriosclerosis
Nephritis Chronic
 Date of onset 11/30/32

Other contributory causes of importance: _____
 Name of operation X Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X 1932
 Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) Kenneth J. Prosser, M. D.
 (Address) 1654 S. Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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122

27 1932

11.11.1911
L.A. McEwen
207 Kingshead Rd.