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.

FEB 27 1934

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

Do not use this space.

791

2509

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 86

Township ..... Primary Registration District No. ..... Registered No. 86

City St. Louis (No. 4014 N. 25 St. ..... St. ..... Ward)

2. FULL NAME Frederick W. Huning

(a) Residence, No. 4014 N. 25 St. St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 55 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 Husband of Sophie Huning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 28, 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Compounder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Distillery

10. Date deceased last worked at this occupation (month and year) July 1918

11. Total time (years) spent in this occupation 26 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rothenfelder Germany

FATHER

13. NAME Franz Huning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rothenfelder Germany

MOTHER

15. MAIDEN NAME Wilhelmina Sotman

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

17. INFORMANT (ADDRESS) Sophie Huning 4014 N. 25 St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters DATE Jan. 4 1934

19. UNDERTAKER (ADDRESS) Suedmeyer & Sons 3934 N. 20 St.

20. FILED JAN - 5 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1928, to Jan 1, 1934

I last saw him alive on Dec. 28, 1933. Death is said to have occurred on the date stated above, at 10 15 a.m.

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

	Date of onset
93 E	
97	
Chronic Myocarditis	?
102	

Other contributory causes of importance:

Arterio Sclerosis with hypertension ?

Name of operation ..... 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? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) Arthur H. de Masy, M. D.

(Address) 4046 N. Grand Blvd.