

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

Do not use this space.

AUG 9 1935

24763

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City St. Louis

(No. St. Louis, Children's Hospital)

File No.

Registered No. **6195**

St. Ward)

2. FULL NAME

(a) Residence, No. Charlotte Huff St. N.R. Ward. Londell Mo. R.R. #1

(Usual place of abode)

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-16-25

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	9	10	4	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chief</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Los Angeles Calif

MOTHER FATHER 13. NAME Frank Huff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Mo.

MOTHER 15. MAIDEN NAME Mollie Phillips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Mo.

17. INFORMANT C. Wood Kingsborough (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Clair Mo. DATE July 22, 1935

19. UNDERTAKER Pascy & Co. (ADDRESS) St. Clair Mo.

20. FILED **JUL 20 1935** J.P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20, 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 4:20 p.m.

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

Acute Enteritis
Toxemia
Infection

Date of onset

1206

Other contributory causes of importance:

Name of operation

Date of

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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?

If so, specify

(Signed) Frank P. Gurling, M.D.

(Address) Boomer

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.

