

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.

OCT 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis** (No. **2207 Arsenal**)

File No.

35738

Registered No.

9359

St. Ward)

2. FULL NAME

Arthur G. Huff

(a) Residence, No. **2207 Arsenal** St. **24** Ward.

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. (If nonresident, give city or town and State)

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 **Clara Huff**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 24 1868**

7. AGE YEARS **72** MONTHS **4** DAYS **15** If LESS than 1 day, hrs. or min.

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

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

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) **Belleverille Illinois**

13. NAME **Louis Huff**

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

15. MAIDEN NAME **Mary Mueller**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Belleverille Illinois**

17. INFORMANT (ADDRESS) **Clara Huff 2207 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove Mausoleum 9-12-36**

19. UNDERTAKER (ADDRESS) **Witherby & Co. 2424 Jefferson Ave**

20. FILED **SEP 11 1936** **J. W. Keck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sep 7 9. 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 4 1935** to **Sept 8 1936**

I last saw h. **live** on **Sept 8 1936** Death is said to have occurred on the date stated above, at **9 a.m.**

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

Nephritis (Chronic) 1935
Pyelocystitis

Other contributory causes of importance: **1936**

relly vascularis (Chronic)

Name of operation Date of
What test confirmed diagnosis? **2 changes** 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) **P. Brackbauer** M. D.
(Address) **3147 S. Jefferson**

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