APR 9 1937

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

1. Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 10095

Township..... Primary Registration District No. 1003 Registered No. 2658

City St Louis (No. En route City Hospital #1 St. ..... Ward)

2. FULL NAME Charles B Huff

(a) Residence, No. 2167 Grove Ave St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
66				

OCCUPATION

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

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

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) Ironton Mo

FATHER

13. NAME Charles Huff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER

15. MAIDEN NAME Martha Mayfild

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown

17. INFORMANT (ADDRESS) Margaret Huff 2167 Grove Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE SS Peter Paul DATE Mar 9 1937

19. UNDERTAKER (ADDRESS) Kreigshauser UNT Co 4228 So Kingshighway

20. FILED MAR 8 1937 19 J. F. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/6 1937

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 8 P. m.

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

	Date of onset
Internal Hemorrhage	
Hom Lacerated Right Lung	
and Ruptured Heart	
Fracture of Skull Intracranial	
Hemorrhage of Brain	

Other contributory causes of importance: Deceased was a pedestrian when struck by Street Car of Public Service Company in charge James Gibson on Grand about 6477 Manchester P. M. March 6 1937

Name of operation ..... Date of .....

What test confirmed diagnosis? No autopsy was made Was there an autopsy?

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

Accident, suicide, or homicide? Accident Date of injury 3/6 1937

Where did injury occur? St Louis Mo
(Specify city or town, county, and State)

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

Manner of injury Struck by Street Car

Nature of injury Internal Hemorrhage

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

If so, specify

(Signed) Joseph M. Zeum, M.D.

(Address) Deputy Coroner

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.