

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

39998
Do not use this space.

DEC 13 1937

1. PLACE OF DEATH
 (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **2356** **Tennessee** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mrs. Laura Huhn**
 (a) Residence, No. **2356 Tennessee** St. **17**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Female	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 Mr. Arthur Huhn				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 16, 1897				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	40	-	9	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household			
	9. Industry or business in which work was done, as 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) Salem, Missouri				
FATHER	13. NAME Assoria Yount			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
17. INFORMANT Miss Adile Huhn (ADDRESS) 2356 Tennessee				
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE Nov. 29, 1937				
19. FUNERAL DIRECTOR Beidervieden Funeral H. Inc. (ADDRESS) 1936 St. Louis Avenue				
20. FILED Nov 29 1937 J. J. Bredeck Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 25, 1937	
22. I HEREBY CERTIFY, That I attended deceased from Nov. 11th , 1937, to Nov. 25th , 1937 I last saw her alive on Nov. 25th , 1937. Death is said to have occurred on the date stated above, at 10:30 A.M. The principal cause of death and related causes of importance were as follows: Rheumatic fever with indolent rheumatic heart for past 10 yrs Other contributory causes of importance: Pulmonary tubercula Name of operation none Date of..... What test confirmed diagnosis stained Was there an autopsy? no 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <input checked="" type="checkbox"/> Date of injury..... 19..... Where did injury occur? <input checked="" type="checkbox"/> (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) Lois H. Baker , M. D. (Address) 2901 Cherokee St. St. Louis, Mo.	

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.

Dr. Barber
3353 Mission
10-11

STATEMENT BY LICENSED EMBALMER

I, *Barber*....., Licensed Embalmer No. 3737
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed *Barber*.....
Licensed Embalmer No. 3737

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)