

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

8099  
 Do not use this space.

REC'D MAR 24 1938

**1. PLACE OF DEATH**

(a) County St. Louis, Registration District No. 784  
 (b) Township Clayton, Primary Registration District No. 101  
 (c) City Clayton, (d) Street No. St. Louis, Co. Hospital Registered No. 413  
 (e) Length of residence in city or town where death occurred 0 yrs. 3 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Ella Huff 100  
 (a) Residence, No. 912-Marshall Ave. Valley Park, Mo. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1938

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

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 2:45AM  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
About 65

Date of onset  
Accidental fall in yard. 12/8/37  
1860

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife  
 9. Industry or business in which work was done, as saw mill, bank, etc. At home  
 10. Date deceased last worked at this occupation (month and year) Dec. 1-1937  
 11. Total time (years) spent in this occupation 40

Other contributory causes of importance:  
Fracture of Left Femur 12/8/37  
Chronic myocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Co. Mo.

Name of operation Open reduction Date of 3/4/38  
 What test confirmed diagnosis Physical signs as an autopsy? no

FATHER 13. NAME Samuel Jones

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

MOTHER 15. MAIDEN NAME Mary Walles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Co. Mo.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 12/8/37  
 Where did injury occur? Valley Park, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home

17. INFORMANT (ADDRESS) Robert Bennett  
912-Marshall Ave. Valley Park, Mo.

Manner of injury Accidental fall  
 Nature of injury Fractured L. Femur

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Clair, Mo. DATE Mar. 7-1938  
Mt. Zion Cemetery

19. FUNERAL DIRECTOR (ADDRESS) Schrader Funeral Home  
Baldwin, Mo.

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) John O. Conwell, M. D.  
Coroner of St. Louis County

20. FILED 5-5, 1938 J. R. Meyer M.D. M.P.H.  
- Local Registrar.

WRITE PLAINLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN VERY IMPORTANT.

STATEMENT BY LICENSED EMBALMER

I, Theo. Schrader, Licensed Embalmer No. 3066

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Theo. Schrader

No. 3066 or by Registered Apprentice No. ✓

working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. \_\_\_\_\_

**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.)**