OCT 10 1938

NOV 4 1938

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

36736
Do not use this space.

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.

1. PLACE OF DEATH
(a) County St. Louis (b) Township (c) City Carsonville
Registration District No. 784
Primary Registration District No. 200
Registered No. 1638
(d) Street No. Weldon & Carson Road. 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 155 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leonora L. Huffman.
(a) Residence, No. Weldon & Carson Road. St.
(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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Waller Huffman.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1857.
7. AGE: Years 81 | Months 4 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County, Missouri.

FATHER
13. NAME Lorenza P. Stinson.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virgina.

MOTHER
15. MAIDEN NAME Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virgina.

17. INFORMANT Mr. Thomas E. Huffman.
(ADDRESS) Weldon & Carson Road.
18. BURIAL, CREMATION, OR REMOVAL
PLACE FeeFee Cemetery. DATE October 13, 1938.
19. FUNERAL DIRECTOR (NAME) Geo. L. Pleitsch Inc.
(ADDRESS) 5966 Easton Ave.
20. FILED OCT 10 1938 G. A. Meyer M.D. Local Registrar.

(Licensed Embalmer's Statement on Reverse Side) 10/10/38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 9, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1935 to Oct. 9, 1938
I last saw her alive on Oct. 9, 1938. Death is said to have occurred on the date stated above, at 9:17 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis.	?
Chr. endocarditis.	?
Mitral insufficiency.	?
Generalized arteriosclerosis.	?
Chr. interstitial nephritis.	?
Chr. dicbetic mellitus.	?
All senile type.	?

Other contributory causes of importance:

Myocardial decompensation	4 mo.
Ca-Ileo-cecal intestinal junction and the ascending colon with occlusion.	2 yr.
Uremia	2 wk.
	2 wks

Name of operation None Date of --
What test confirmed diagnosis? Clinical, History & Lab. Was there an autopsy?
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) Luke B. Timmons M.D., M. D.
(Address) 3718 Jennings Rd.

Dr. L. B. Turner
3718 Jennings rd.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3454 David C. Gibson, or by

Registered Apprentice No. 3454, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address

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

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36736
Do not use this space.

1. PLACE OF DEATH
(a) County: St Louis — Registration District No.: 784
(b) Township: — Primary Registration District No.: 203 — Registered No.:
(c) City: Carondelet (d) Street No.: 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: Leonora L Huffman
(a) Residence, No.: St.
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Wid

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

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

7. AGE: Years 81 — Months 4 — Days 25 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE: DATE:

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED, 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1938

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

Date of onset

Chr. Myo Carditis, Chr Endo Carditis mitral insufficiency, generalized arteriosclerosis Chr Interstitial nephritis, Chr Diabetes mellitus albumin type

Other contributory causes of importance:
Myo Cardial decompensation Ca - Ileo - cecal intestinal junction and the ascending colon with occlusion - Uremia

Name of operation: None Date of:
What test confirmed diagnosis? clinical 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?
If so, specify
(Signed) Luke B Turner, M. D.
(Address) 2718 Fleming St Louis Mo

SUPPLEMENTARY

Mary M Fleming
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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.