

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.

JUN 12 1939

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

16868  
Do not use this space.

1. PLACE OF DEATH

(a) County g Registration District No. 791

(b) Township St. Louis Mo Primary Registration District No. 1003

(c) City St. Louis Mo (d) Street No. 4577 EVANS Registered No. 4402

(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 John Fred Huke

(a) Residence, No. 4577 EVANS St. II (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 25 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>90</u>	<u>5</u>	<u>16</u>	

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. Florist

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) Germany

FATHER

13. NAME unknown

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 (ADDRESS) John A. Becker 373 1/2 Moffitt

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory 713 1/2

19. FUNERAL DIRECTOR (ADDRESS) SULLIVAN BROS 2849 N. Euclid

20. FILED MAY 12 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11 1939 to May 10 1939

I last saw him alive on May 10 1939. Death is said to have occurred on the date stated above, at 5:25 A.M.

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

Auricular Fibrillation

186 a

18

Other contributory causes of importance:

Senility

Fracture of Left Humerus

Nephrosis, Prostatism

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, ~~suicide~~ homicide. Date of injury 4-30 1939

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. In front of home

Manner of injury fell from ground

Nature of injury fract. of left humerus

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

If so, specify \_\_\_\_\_

(Signed) John A. Hartwig M. D.

(Address) 2743 N. Euclid

MR. J. R. HARLOWY, FR 3003  
2743 No. Grand  
6-8

**. STATEMENT BY LICENSED EMBALMER**

I, Albert Maddfield, Licensed Embalmer No. 3077

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

No. .... or by Henry Chas. Luvieri, Registered Apprentice No. 170  
working under my personal supervision.

Signed Albert Maddfield  
Licensed Embalmer No. 3077

**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.)**