DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19890

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4838

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits write "RURAL")

(d) Street No. 4469 Farlin Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Gustave Huge

3. (b) If veteran, name war

3. (c) Social Security No. 494-01-5117

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mary Huge

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Jan. (Month) 27th. (Day) 1883 (Year)

8. AGE: Years 57 Months 4 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) Ind. (State or foreign country)

10. Usual occupation Meat Cutter

11. Industry or business

FATHER
12. Name William Huge
13. Birthplace (City, town, or county) Ills. (State or foreign country)

MOTHER
14. Maiden name Minnie Koch
15. Birthplace (City, town, or county) Ills. (State or foreign country)

16. (a) Informant Edmund L. Huge
(b) Address 4469 Farlin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-40 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Provost Und Co.
(b) Address 3710 N. Grand Blvd.

19. (a) JUN 3 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31. year 1940 hour 9:05 minute A. M.

21. I hereby certify that I attended the deceased from May 7. 1940, to May 31. 1940; that I last saw him alive on May 31. 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis c̄ Left Hemiplegia	3 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Varicose Ulcers of Legs	6 mos

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Walter Ford (M. D. or other)
Address 1515 Lafayette. Date signed 5/31/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, or by Robert L Brinkman & A A Smither ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Robert L Brinkman

Licensed Embalmer No. 3553

P. O. Address 3710 N Grand [illegible]

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

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