

Registration District No. 784

Primary Registration District No. 104

Registrar's No. 821

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
21 Robert Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 21 Robert Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Louis Hufnagel

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Hufnagel 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Aug 27 187k
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 18
hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired harness maker

11. Industry or business Harness maker

MOTHER FATHER { 12. Name Adam Hufnagel
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Marie Kolb
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Hufnagel
(b) Address 21 Robert Ave. Ferguson, Mo.

17. (a) Burial (b) Date thereof Apr., 16, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cem.

18. (a) Signature of funeral director B. M. White
(b) Address 118 N. E. Corissant Rd. Ferguson

19. (a) APR 15 1941 (b) R. M. [Signature]
(Date received for filing) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1941 hour 3 minutes A. M.

21. I hereby certify that I attended the deceased from Sept 28th, 1940 to April 14th, 1941; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death

Apoplexy (Cerebral) (Hemorrhage St.) Duration 24 hrs

Due to Mr. [Signature] 1935

Due to Mr. [Signature] 1938

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none 131 P

Of autopsy none

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) L

(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? L

(e) Means of injury _____ (Specify type of place) While at work? _____

23. Signature [Signature] (M. D. or other) 0

Address [Signature] Date signed 4-15-41

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

96
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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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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