

FILED APR 27 1942 91

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 3430

1. PLACE OF DEATH:

(a) County St. Louis,  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Little Sisters of the Poor 5  
(If not in hospital or institution, write street number or location) 8yrs.  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, 16 000  
(c) City or town St. Louis, 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3400 So. Grand Blvd. 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME George Huff

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased April 13, 1862  
(Month) (Day) (Year)

8. AGE: Years 80 Months -- Days 3 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Dawson Huff

13. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Washington  
(City, town, or county) (State or foreign country)

15. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Laurence

(b) Address 3400 So. Grand Blvd.

17. (a) Burial (b) Date thereof 4/18/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Paul Bur

18. (a) Signature of funeral director Subken-Benz

(b) Address 2842 Meramec St.

19. (a) Apr 18 1942 (b) J. F. Brink  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th.  
year 1942 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 13 to Apr 16 1942  
that I last saw him alive on Apr 15 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis general Duration 2 yrs.  
Due to Essential Hypertension  
Soft part nec. 1 hr

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 9/1

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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Address] Date signed [Date]

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

MOTHER FATHER

**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 me

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

Signed Louise E. Perry

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.  
St. Louis, MO.

**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, fact should be so stated above.**