S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38050

State File No. 19

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2505

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W. O. A. St. Louis County Hospital (If not in hospital or institution, write street number or location)
(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 000 17
(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")
(d) Street No. 1959 Senate (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Norman Huntley

3. (b) If veteran, name war - - -

3. (c) Social Security No. 498-12-2789

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife - - -

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

7. Birth date of deceased August (Month) 21 (Day) 1923 (Year)

8. AGE: Years 19 Months 3 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation Hopper Operator

11. Industry or business National Defense Work

FATHER
12. Name Dr. William F. Huntley
13. Birthplace Preemption Prairie (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Amelia Seiter
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Amelia Huntley
(b) Address 1959 Senate Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director BEIDERWIEDEN F. HOME, INC.
(b) Address 1936 St. Louis Avenue

19. (a) 12/1/42 (Date received local registrar) (b) C. G. McGann MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th year 1942 hour 3 minute A M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Result of being strudk by Missouri Pacific passenger train at Cliff Cave crossing while operating an automobile.

Due to Fractured temporal bones & sphenoid bone and rib; Fluid & clotted blood filling trachea, bronchi & lower lobes of lungs; subdural hemorrhage & frac. mandible.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes.

Duration

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) Accident. 1P6
(b) Date of occurrence Nov. 28, 1942
(c) Where did injury occur? Cliff Cave Rd. & Mo. Pac. tr. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury 3

23. Signature John M. Meyer Deputy Coroner (M. D. or other)
Address Kirkwood, Mo. 11/30/42 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Felix J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.