

Registration District No. **310**

Primary Registration District No. **3058**

1. PLACE OF DEATH:

(a) County **St. Charles**
(b) City or town **St. Charles**
(c) Name of hospital or institution:
1101 1/2 North Second
(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

3. (a) PRINT FULL NAME

Joseph M. Huff

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 **Stellie Huff**

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

7. Birth date of deceased **March 10 1860**
(Month) (Day) (Year)

8. AGE: Years **83** Months **1** Days **28** If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business

12. Name **Michael Huff**

13. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Schmidt**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emel Huff**

(b) Address **1101 1/2 N. Second, St. Charles, Mo.**

17. (a) **Burial** (b) Date thereof **May 11-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cem. St. Charles**

18. (a) Signature of funeral director **H.C. Dalmeyer & Sons**

(b) Address **801 N. Second, St. Charles, Mo.**

19. (a) **5/12/43** (b) **Ernest C. Gault**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**
(c) City or town **St. Charles**
(If outside city or town limits, write "RURAL")
(d) Street No. **1101 1/2 N. Second**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8**
year **1943** hour **3** minute **40 A.M.**

21. I hereby certify that I attended the deceased from **March 14**, 19**39**, to **May 8**, 19**43**, that I last saw him alive on **May 8**, 19**43**, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **2 days**
Due to **Arteriosclerosis** **5 yrs(?)**
Due to _____

Other conditions (Include pregnancy within 3 months of death) **94 a**

Major findings: Of operations _____

Of autopsy _____

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 **J.P. Kester** (M. D. or other) **M.D.**
Address **St. Charles, Mo.** Date signed **5/10/43**

1540 **Ernest C. Gault**
(Licensed Embalmer's Statement on Reverse Side)

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

92
9
3

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

Signed..... *John B. Dallmeyer*
Licensed Embalmer No. *2957*
P. O. Address *St Charles 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.