

No. 2  
1-5-43  
5-17-39  
I X36671

FILED FEB 11 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1013

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Laclede Hotel 520 Chestnut  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 73 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 525  
(d) Street No. 520 Chestnut (Laclede Hotel)  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Edward P. Huhn, Sr.

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 Mrs. Martha Huhn 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased October 14, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 3 16 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Modern Laboratory

MOTHER FATHER { 12. Name John P. Huhn

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

14. Maiden name Louise Weyler  
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Eugene Huhn

(b) Address 3959 Walsh

17. (a) Burial (b) Date thereof Feb. 2, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.  
(b) Address 1936 St. Louis Avenue

19. (a) FEB 1 1944 (b) J. F. Bredack  
(Date received local health certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th  
year 1944 hour 9 minute 13 P.M.

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

Immediate cause of death.....  
Generalized Arteriosclerosis  
Senility  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....  
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?..... (c) Means of injury.....  
23. Signature Alfred J. Perry (M. D. or other)  
Address St. Louis Date signed 2/11/44

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.....

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

Signed Delia 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.**