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State File No. _____

FILED JUL 15 1944

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1465

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Atton Gardenville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Millers Nursing Home 8149 Gravois
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 week
(Specify whether years, months or days)

In this community 79 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town City of St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 8024 South Broadway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Huffstutter

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased January 5, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>6</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation none

11. Industry or business none

12. Name Henry Gaines

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

14. Maiden name May Sweazie

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

16. (a) Informant Mrs. Edw. P. Pappert

(b) Address 4 Zinzer Ct, Grandwood

17. (a) burial (b) Date thereof 7-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.

19. (a) JUL 8 - 1944 (b) C. G. Mc Davan, Mo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1944 hour 12:15 minute a.m.

21. I hereby certify that I attended the deceased from June 14, 1944 to July 7, 1944
that I last saw her alive on July 7, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Complications of rheumatism Duration 2 yrs.

Due to chronic myocarditis 4-5 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 18

Of autopsy 9

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 C. J. Vellman (M. D. or other) _____
Address 5770 Big Bend, Webster Date signed 7/7/44

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

MOTHER FATHER

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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 Virgil L. Berryman
Licensed Embalmer No. 2018
P. O. Address 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.