S. No. 2
M—2-43
5-17-39
1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29454

Registrar's District No. FILED SEP 18 1944

Primary Registration District No. 1003

Registrar's No. 7742

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: City Sanitarium
(If not in hospital or institution, write street number or location)

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

In this community 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mo

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 12

(d) Street No. 6423 Wanda Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME GEORGE HUFFINGTON.

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 Married

6. (b) Name of husband or wife

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

7. Birth date of deceased September 23 1888 (Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Tobacco Co.

FATHER
12. Name George D. Huffington
13. Birthplace St, Louis Missouri (City, town, or county) (State or foreign country)

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

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 8 44 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) SEP 7 1944 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't day 6 year 1944 hour 2:35 minute A. M.

21. I hereby certify that I attended the deceased from August 5, 1944 to Sep't 6, 1944; that I last saw him alive on Sept 6, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease--	1944x
Broncho- pneumonia	5das
Due to	
Due to	
Other conditions Acute Cardiac Failure (Include pregnancy within 3 months of death)	1 da.

Major findings:
Of operations

Of autopsy yes

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? (Specify type of place)

While at work?

(e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 5400 Arsenal St. Date signed 9/6/44

(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 Edwin D Mc Dermott

Licensed Embalmer No. 3024

P. O. Address.....

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.