

FILED Sep 30 1944  
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 8146

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:  
Firmin Desloge Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Six weeks  
(Specify whether years, months or days) 64m years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17 26  
(d) Street No. 1910 No. 14 Str.  
(If rural, give location) 7  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Charles C. Hufker

3. (b) If veteran, name war None  
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 Philomèna Hufker  
6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan. 26. 1868  
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 25  
If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Unemployed

MOTHER FATHER { 12. Name Joseph Hufker  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Niemeyer  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Philomèna Hufker

(b) Address 1910 No. 14 Str.

17. (a) Burial (b) Date thereof 9/25/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 2117 E. Grand Blvd.

19. (a) SEP 29 1944 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21  
year 1944 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Aug 8 1944 to Sept 21 1944  
that I last saw him alive on Sept 21 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic gangrene of legs Duration 6 mos.

Due to \_\_\_\_\_

Due to 98:2

Other conditions bronchitis pneumonia  
(Include pregnancy within 3 months of death)

Major findings: gangrene of right foot  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) no accident

(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 Joseph Edwin Kael  
Address 2634 N. Grand Date signed 9/22/44

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

*Jon Kaenel.*  
*Mo Theatre*

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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 *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

**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.**