

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution St. Louis City Hospital - Max C. Starkloff
(d) Length of stay: In hospital or institution 4 days
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri
(b) County
(c) City or town St. Louis
(d) Street No. 2736 Russell
(e) Citizen of foreign country? no
If yes, name country

3. (a) PRINT FULL NAME John Hufnagel
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased Sept. 1866

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 13th year 1945 hour 3:15 minute A. M.
21. I hereby certify that I attended the deceased from 1/9/45 to 1/13/45
that I last saw him alive on 1/13/45 and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial failure

8. AGE: Years 78 Months 4 Days
If less than one day hr. min.

Due to Coronary thrombosis

9. Birthplace St. Louis, Mo.
10. Usual occupation Retired

Other conditions Benign Prostatic Hypertrophy

MOTHER FATHER {
11. Industry or business
12. Name Adam Hufnagel
13. Birthplace Unknown
14. Maiden name Mary Kolb
15. Birthplace Unknown
16. (a) Informant Walter Hufnagel
(b) Address 5156 Watermann
17. (a) Burial (b) Date thereof 12/15/45
(c) Place: burial or cremation Old St. Marcus
18. (a) Signature of funeral director Wm. J. Robert
(b) Address 1905 S. Grand Blvd
19. (a) JAN 14 1945 (b) J. F. Bredbeck

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury
23. Signature Russell T. J. Jr. (M. D. or other)
Address 1515 Lafayette 1/13/45 signed

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

John Ketter

Licensed Embalmer No. *3880*

P. O. Address *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.