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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 23 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2315

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether, _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5539 Clemens Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry C. Huntington.

3. (b) If veteran, name war NO

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 Nelle Orr Huntington 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 21 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>11</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Pres: Sandusky Cooperage

11. Industry or business and Lumber Co.

MOTHER FATHER

12. Name Henry Huntington

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

14. Maiden name Josephine Warner

15. Birthplace Zanesville Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nelle Orr Huntington
(b) Address 5539 Clemens Ave

17. (a) Cremation (b) Date thereof 3/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) MAR 10 1945 (b) J. F. Brueck
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9:th
year 1945 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from March 7 1945, to March 9 1945;
that I last saw him alive on March 9 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute coronary occlusion Duration 48 hrs.

Due to coronary sclerosis 2 yrs.

Due to _____

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

Major findings: Of operations _____

Of autopsy Coronary sclerosis
Acute cardiac infarction

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)

(c) Means of injury _____

23. Signature William B. Day (M. D. or other) _____
Address 3720 Washington Blvd Date signed 3-10-45

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

Dr. ~~William~~ B. Day
3720 Washington
NE - 0870

1 to 2

23715
23715

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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 *Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *University City, 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.