S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34463

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 159

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 818 North Benton Avenue / (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 St. Charles 92

(c) City or town St. Charles 93 (If outside city or town limits, write "RURAL")

(d) Street No. 818 North Benton Avenue 0 (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME WILLMOUTH HUFF

3. (b) If veteran, name war .....

3. (c) Social Security No. Nil

4. Sex female /

5. Color or race white

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

6. (b) Name of husband or wife Joseph Huff (deceased)

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

7. Birth date of deceased October 25 1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Floyd County (City, town, or county) Virginia / (State or foreign country)

10. Usual occupation Housework

11. Industry or business At home

FATHER
12. Name George Whitlock
13. Birthplace ..... (City, town, or county) Virginia / (State or foreign country)

MOTHER
14. Maiden name Christina Smith
15. Birthplace ..... (City, town, or county) Virginia / (State or foreign country)

16. (a) Informant Emil Huff

(b) Address 818 North Benton-St.Charles, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-26-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove-St.Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) 10/26/45 (Date received local registrar) (b) Ernst E. Paul (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23 year 1945 hour 1:50 minute P.M.

21. I hereby certify that I attended the deceased from 4/5 1944 to 10/23 1945; that I last saw her alive on 10/23 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	36 hours
Due to: Generalized Arteriosclerosis	?
Essential Hypertension	?
Due to	
Other conditions: Diabetes Mellitus	?
(Include pregnancy within 3 months of death) Arteriosclerotic heart disease	?

Major findings:
Of operations
Of autopsy No

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? No (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature R. O. Hayden MD (M. D. or other)

Address 216a N. Main St. Charles, Mo. Date signed 10/26/45

1340

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-14-45

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 Philip A. Miceli, Registered Apprentice No. 388, working under my personal supervision.

Signed John E. Dalhmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.