

S. No. 2
 OM-5-43
 v. 5-17-39
 I X36671

FILED JUL 31 1946
 Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Little Sisters of Poor - Florissant
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1-y. 7-m.
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louise Huffman
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____
4. Sex F. **5. Color or race** W.
6. (a) Single, widowed, married, divorced, W.
6. (b) Name of husband or wife Harry Huffman **6. (c) Age of husband or wife if** alive years
7. Birth date of deceased. Feb. 18th., 1868
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>78</u>	<u>5</u>	<u>3</u>	hr. min.

9. Birthplace Ill. /
 (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper

11. Industry or business
12. Name August Bouge
13. Birthplace Ill. /
 (City, town, or county) (State or foreign country)
14. Maiden name Marie Sckman
15. Birthplace Ky. /
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Boismenu
(b) Address 1919 State Street
17. (a) Burial St. Bernard **(b) Date thereof.** 7-23-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Arthur J. Boulet
(b) Address 3840 Lindell Blvd.
19. (a) Date received local registrar JUL 22 1946
(b) Registrar's signature J. J. Bredek

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3225 N. Florissant Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 21st., year 1946 hour 1 minute 8 M.
21. I hereby certify that I attended the deceased from July 20 1946 to July 21 1946
 that I last saw her alive on July 20 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3
 Due to Arterial Sclerosis
Hypertension
 Due to _____
 Other conditions no (Include pregnancy within 3 months of death)
 Major findings: no
 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) no
 (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
 While at work? no (Specify type of place) (e) Means of injury _____
23. Signature Arthur J. Boulet (M. D. or other) M.D.
 Address 508 W. Grand Blvd. Date signed 7/21/46

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *384 Rudell*

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.