

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 25 1946**  
Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36140**  
Registrar's No. 1295

Primary Registration District No. 1000

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1619 Jule St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 Years  
In this community 60 Years  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Louis Alva Huff  
(b) If veteran, name war No  
(c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Ida  
6. (c) Age of husband or wife if alive 12 years  
7. Birth date of deceased August 12 1864  
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 7  
If less than one day hr. min.

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

10. Usual occupation Retired Street Car Conductor

11. Industry or business

MOTHER FATHER

12. Name Not known  
13. Birthplace Not known  
(City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen VanCleve  
(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 11-21-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.  
(b) Address St Joseph, Mo.

19. (a) Nov. 21, 1946 (b) C. C. Jenkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1619 Jule St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19  
year 1946 hour 5 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Nov. 1  
1946 to Nov. 19 1946  
that I last saw him alive on Nov. 18  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration

Due to  
Due to

Other conditions Senility  
(Include pregnancy within 3 months of death)  
Arteriosclerosis

Major findings: Arteriosclerosis  
Of operations:  
Of autopsy BIB  
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?

(Specify type of place)  
While at work? (e) Means of injury

23. Signature Frank A. Smith (M. D. or other) M.D.  
Address St Joseph MO Date signed 11/20/46

582 (Licensed Embalmer's Statement on Reverse Side)

**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 Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.