. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22350

FILED JUL 12 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6400

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: 5193 Raymond Ave., (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 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 5193 Raymond Ave., (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME EDWIN E. HUFFMAN.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ethel W. Huffman.

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

7. Birth date of deceased Dec. (Month) 5 (Day) 1879 (Year)

8. AGE: Years 67 Months 6 Days 29 If less than one day hr. min.

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

10. Usual occupation Attorney

11. Industry or business

FATHER
12. Name James Harvey Huffman.
13. Birthplace Buchanan, County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Anna Faycis.
15. Birthplace Harrisonville, (City, town, or county) Pa. (State or foreign country)

16. (a) Informant Mrs. Howard Morgen.

(b) Address Cincinnati, Ohio.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/5/47 (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Missouri.

18. (a) Signature of funeral director C. R. Lupton & Sons.,

(b) Address 7233 Delmar Blvd.,

19. (a) JUL 5 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th year 1947 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from May 15-47, 19 to July 4, 1947 that I last saw him alive on July 4, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, Chronic,	6 years
Due to: Coronary Thrombosis	
Due to: Arteriosclerosis	6 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 W. E. Jones (M. D. ~~or other~~)

Address 4500 Olive St Date signed July 4, 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr.W.E.Jones.
Lister Bldg.
RO 2866
2 to 4:30 P.M.

67 Crestwood Dr.
(# 369)

AUG 11 1948

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis, 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.