

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 82626
Registrar's No. 9175

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
823 a Allen 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 oas
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 823 a Allen Ave.
23 (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Henry Hufnagel
3. (b) If veteran, name war No 3. (c) Social Security No. None
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Eva 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March 20th, 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 2nd
year 1947 hour 7: minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan 10, 1944 to Oct 3, 1947
that I last saw him alive on Oct 1, 1947,
and that death occurred on the date and hour stated above.
Immediate cause of death Clear my records Duration 10 yrs.

8. AGE: 78 Years ~~77~~ Months 6 Days 12
If less than one day _____ hr. _____ min.
9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions Arteriosclerosis 20 yrs
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Adam Hufnagel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Ansteadt
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Eva Hofnagel
(b) Address 823 a Allen Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4, 1947
(Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus
18. (a) Signature of funeral director Walter H. ... Co.
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) OCT 2 1947 (Date received by Registrar) J. P. Brueck (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____
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 J. P. Brueck (M. D. or other) M.D.
Address 2826 ... Date signed 10/1/47

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Frank J. Gland

Licensed Embalmer No.....

2645

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.