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

FILED OCT 24 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35872

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9532 9532

1. PLACE OF DEATH:
(a) County
(b) City or town City St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infy. Hospital .
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8/18/45 to 10/11-47. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County
(c) City or town City St. Louis .
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Huff.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCT. (Month) 28 (Day) 1860 (Year)

8. AGE: Years 86 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace Indiaa (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business

FATHER
12. Name Vincent
13. Birthplace ? (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruth Smith
15. Birthplace ? (City, town, or county) (State or foreign country)

16. (a) Informant City INFY. Records
(b) Address 5800 Arsenal ST.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Cullen-Kelly
(b) Address 4386 Lindell
19. (a) OCT 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11 year 1947 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from Aug 18, 1945 to 10-11, 1947; that I last saw him alive on 10-11, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 10 days
Cardiovascular accident
Due to
Due to
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 Warren C. Lewis (M. D. or other)
Address 5600 Arsenal Date signed 10-11-47

Jefferson City Printing Co.
(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 Howard F. Rowland

Licensed Embalmer No. 3114

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.