G. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED NOV 3 1947

Registration District No. 318

Primary Registration District No. 1003

State File No. 35879

Registrar's No. 9747

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

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 St. Johns Hospital
(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 St. Louis 96

(c) City or town Creve Coeur 0
(If outside city or town limits, write "RURAL")

(d) Street No. Ross Avenue Rural 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Arthur E. Huning

3. (b) If veteran, name war None

3. (c) Social Security No. 493-10-0480

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Helen J.

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan. (Month) 10 (Day) 1889 (Year)

8. AGE: Years 58 Months 9 Days 7 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Gasoline Station Prop.

11. Industry or business self

FATHER
12. Name Williajam Huning
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hahn
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Helen J. Huning
(b) Address Creve Coeur, Mo. R#2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Park

18. (a) Signature of funeral director Baumann Bros. Inc.
(b) Address 2504-Woodson Rd- Overland, Mo.

19. (a) OCT 21 1947 (Date received local registrar) (b) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1947 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from 10-1-47, 19, to 10-17-47, 19;
that I last saw him alive on 10-17-47, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Post operative pneumonia	1 wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Torsion of omentum with gangrene
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 E. H. Bowden (M. D. ~~or other~~) M D
Address 634 N. Grand Date signed 10-19-47

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

2B26

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 Don Marler

Licensed Embalmer No. 4430

P. O. Address Overland, 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.