S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10301

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2408

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

1. PLACE OF DEATH:
(a) County
(b) City or town SAINT LOUIS, MISSOURI (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4935 ASHBY AVENUE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution LIFE (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town SAINT LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 4935 ASHBY AVENUE (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN O. HUFFMAN
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 MARRIED
6. (b) Name of husband or wife EMMA HUFFMAN nee KRUEGER
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased NOVEMBER 8th, 1868 (Month) (Day) (Year)

8. AGE: Years 79 | Months 4 | Days 0 | If less than one day hr. min.

9. Birthplace SAINT LOUIS, MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation RETIRED GROCER
11. Industry or business

FATHER
12. Name OSCAR HUFFMAN
13. Birthplace VIRGINIA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name EMILY RANDOLPH
15. Birthplace VIRGINIA (City, town, or county) (State or foreign country)

16. (a) Informant MR. HUGO HUFFMAN
(b) Address 4935 ASHBY AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation FRIEDENS CEMETERY
18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD
19. (a) MAR 10 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 8th year 1948 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from Feb 2, 1948, to Feb 8, 1948, that I last saw him alive on Feb 8, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to Arteriosclerosis & Chronic Myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy None

Duration

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 Eugene F. Melloy (M. D. or other)
Address 2739 Grand Blvd Date signed 3/9/48

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

DR. EUGENE MELLIES
GRAND AND SAINT LOUIS AVENUES
12 to 2 Pm
12:15 Pm preferably

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 John A. Mlinar

Licensed Embalmer No. 4186

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.