

No. 30  
1-10-47  
5-17-39  
I 3906

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

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Baptist 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 96  
(c) City or town Cherryville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Route  
(If rural, give location)  
(e) Citizen of foreign country? NR (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martillus Huitt

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Ann Huitt 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 15 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 8 20 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name William Huitt

13. Birthplace Washington Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Cox

15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant William Land

(b) Address 3962a McRee Avenue

17. (a) Burial (b) Date thereof 4/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 5 1948 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1948 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from 3/20-48, 1948 to 4-5-48, 1948;  
that I last saw him alive on 4-5-48, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia Duration \_\_\_\_\_

Due to Decompensation Cordis

Due to Chromocystitis Hypercoction

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Brudick (M. D. or other) 4/5  
Address St. Louis, Mo. Date signed 4/8

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**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.....

*Henry M. Brammer*

Licensed Embalmer No.....

*4200*

P. O. Address.....

*St. Louis*

**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.**