

FILED APR 23 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **318**

1. PLACE OF DEATH:

(a) County.....

(b) City or town **ST. Louis, MO.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **City Infirmary Hosp**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5-5-44 to 8-8-48**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **ST. Louis,**
(If outside city or town limits, write "RURAL") **17**

(d) Street No. **5800 Arsenal ST.**
(If rural, give location) **9**

(e) Citizen of foreign country? **13** (Specify whether) **0**
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Emma Hufnagel**

3. (b) If veteran, name war.....

3. (c) Social Security No.

20. DATE OF DEATH: Month **April** day **8**
year **1948** hour **9** minute **5** A.M.

21. I hereby certify that I attended the deceased from **5-5**
19 **44** to **8-8** 19 **48**
that I last saw **her** alive on **4-8** 19 **48**
and that death occurred on the date and hour stated above. **Duration**

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

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

7. Birth date of deceased **May 23 1862**
(Month) (Day) (Year)

Immediate cause of death **Pneumonia**
Arteriosclerotic heart disease
Due to.....
Recurrent cerebrovascular accident
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) **9/2**

8. AGE: Years **85** Months **10** Days **15** If less than one day
hr. min.

9. Birthplace **ST. Louis, MO**
(City, town, or county) (State or foreign country)
Pensioner

10. Usual occupation.....

11. Industry or business **Charles Hufnagel**

12. Name.....

13. Birthplace **Germany**
(City, town, or county) (State or foreign country) **4**

14. Maiden name **Barbara**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country) **4**

16. (a) Informant **City Infirmary Records**
(b) Address **5800 Arsenal ST.**

17. (a) **burial** (b) Date thereof **4-9-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director **Old St. Marcus Schumacher Und. Co.**
(b) Address **3013 Meramec**

19. (a) **APR 9 1948** (b) **J. F. Bessick**
(Date received local registrar) (Registrar's signature)

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 **0**

23. Signature **Wm. C. Lewis** (M. D. or other) **0**
Address **5700 Arsenal** Date signed **4-8-48**

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

MOTHER FATHER

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 Francis Williamson
Licensed Embalmer No. 3565
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.