

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

OCT 21 1952

State File No. 36501
Registrar's No. 9261

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 14 th & Chouteau Ave. | | d. STREET ADDRESS (If rural, give location) 3 5834 Southwest Ave. | |

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|---|---------------------------|---|---|--|-----------------|-------------------------------------|--------------------------------|
| 3. NAME OF DECEASED (Type or Print) EUGENE LOUIS HUFF | | | 4. DATE OF DEATH (Month) (Day) (Year) 10 5 1952 | | | | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH 7/31/1920 | 9. AGE (In years last birthday) 32 | 10. MONTHS 2 | 11. YEARS 4 | 12. HOURS & MIN. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY Chemical Co | | 11. BIRTHPLACE (State or foreign country) St. Louis 0 | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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|---|--|---|--|---|--|---------------------------|--|
| 13a. FATHER'S NAME Victor J. Huff | | 13b. MOTHER'S MAIDEN NAME Alice Ring | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes | | 16. SOCIAL SECURITY NO. W.W. # 2 ? | | 17. INFORMANT'S SIGNATURE OR NAME Mrs Victor J. Huff | | ADDRESS 5834 Southwest | |

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|---|--|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gunshot wounds of head</i> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>hands of one Sgt James Horn a police officer in the line</i> | | | | | |
| | | DUE TO (c) <i>duty around 245 pm</i> | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Oct 5 1952 in the Railroad yards beneath the 14th Street</i> | | | | | |

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|---|--|---|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>Headshot</i> <i>Excusable Homicide</i> | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT <i>Newsworthy</i> <i>Homicide</i> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>R. K. yard</i> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Oct 5 52 45 pm</i> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <i>E984X</i> | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *245 p. m.*, from the causes and on the date stated above.

| | | | | | | | |
|---|--|--------------------------------|--|---|--|--|--|
| 23a. SIGNATURE <i>Joseph M. French</i> Deputy Registrar | | 23b. ADDRESS 1300 Clark Ave | | 23c. DATE SIGNED 10/6/52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 10/8/52 | | 24c. NAME OF CEMETERY OR CREMATORY Sunset Park | | 24d. LOCATION (City, town, or county) (State) St. Louis County Missouri | |

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|--|--|--|--|---|--|------------------------------|--|
| DATE REC'D BY LOCAL REG. OCT 7 1952 | | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Ambruster Mortuary</i> | | ADDRESS 6633 Clayton Road | |
|--|--|--|--|---|--|------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 1. 1934

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ernest W. Spillers

Signed.....

Student Embalmer

Licensed Embalmer No. *4080*

P. O. Address.....

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.