

FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11747
 State File No. 2773
 Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 11747		Registrar's No. 2773															
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY																			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.			c. LENGTH OF STAY (in this place) 78 yrs			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2159														
d. FULL NAME OF HOSPITAL OR INSTITUTION 4257A IOWA ST.				d. STREET ADDRESS (If rural, give location) 15 4257a Iowa Av.																			
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS			b. (Middle)			c. (Last) HUHN			4. DATE OF DEATH (Month) (Day) (Year) Mar. 13, 1953														
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 23, 1874		9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 15 HRS. Hours Min.											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) barber				10b. KIND OF BUSINESS OR INDUSTRY Barbering				11. BIRTHPLACE (State or foreign country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? USA											
13a. FATHER'S NAME CONRAD HUHN				13b. MOTHER'S MAIDEN NAME CHRISTINE				14. NAME OF HUSBAND OR WIFE unknown				14. NAME OF HUSBAND OR WIFE CLARA LUEDDE											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clara Huhn, 4257a Iowa Av.															
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												MEDICAL CERTIFICATION											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic - Heart Disease												INTERVAL BETWEEN ONSET AND DEATH many years											
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.												ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis											
DUE TO (c)												II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebro-malacia											
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)															
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 4200															
22. I hereby certify that I attended the deceased from 17 , 19 16 , to 3/13 , 19 53 , that I last saw the deceased alive on 14 , 19 53 , and that death occurred at 6:00 Am. , from the causes and on the date stated above.																							
23a. SIGNATURE J. J. Mosker, M.D.						23b. ADDRESS ST. LOUIS 4 MO 3554 VICTOR ST.			23c. DATE SIGNED 3/13/53														
24a. BURIAL, CREMATION, REMOVAL (Specify) burial			24b. DATE Mar. 16, 1953			24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.														
DATE REC'D BY LOCAL REG. MAR 14 1953				REGISTRAR'S SIGNATURE Earl Smith Md				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.															

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

Dr. P. G. Moskop
3554 Victor St.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Delis J. Kriepin

Licensed Embalmer No. 3497

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.