

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10605
State File No.

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 605

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis,</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester, Mo.</u> | | c. CITY OR TOWN <u>Maplewood</u> <u>7554</u> | |
| c. LENGTH OF STAY (in this place) <u>1 MONTH</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester, Nursing Home,</u> | | STREET ADDRESS (If rural, give location) <u>7548 Woodland</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) _____ c. (Last) <u>Huffstutler</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 11, 1955</u> | |
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| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Aug. 22, 1870</u> | | 9. AGE (In years last birthday) <u>84</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 HRS. Hours _____ Min. _____ | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Machinist</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Match Co.</u> | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>McLeansboro, Ill.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
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| 13a. FATHER'S NAME <u>Isaac Huffstutler</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Malinda Gunther</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Anna Huffstutler</u> | | |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>Nil.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Anna Huffstutler</u> | | ADDRESS <u>7548 Woodland</u> | |
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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) <u>Uremia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic Glomerulonephritis years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>12 mos</u> | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
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22. I hereby certify that I attended the deceased from Jan 30, 1955, to March 11, 1955, that I last saw the deceased alive on Mar. 10, 1955, and that death occurred at 8 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Deceased or title) <u>Charles Miller M.D.</u> | | 23b. ADDRESS <u>134 W. Adams, Kirkwood Mo</u> | | 23c. DATE SIGNED <u>3-12-55</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-15-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New Pickers Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>3/12/55</u> | | REGISTRAR'S SIGNATURE <u>Heber R. Rombe, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred M. Williams, 4700 Washington.</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *John S. Dennehy*.....
Licensed Embalmer No. *91*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.